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MASSACHUSETTS

Comprehensive Homeless Assistance Plan 3

Submitted by:

Michael S. Dukakis
Governor

Philip W. Johnston
Secretary,
Executive Office of
Human Services

912/234

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT
STATE HOUSE • BOSTON 02133

MICHAEL S. DUKAKIS
GOVERNOR

July 26, 1990

Mr. Robert L. Paquin
Deputy Director
Office of Community Planning and Development
Boston Federal Office Building
10 Causeway Street, 3rd Floor
Boston MA 02222-1092

Dear Mr. Paquin:

I am pleased to submit the Massachusetts Comprehensive Homeless Assistance Plan (CHAP 3) for your approval. This report represents a collaborative effort of state and local government with input from homeless advocates, providers and other members of the community. It contains an overall view of the multi-dimensional problems of homelessness in Massachusetts, the status of existing programs, and a projection of future need for housing and services for homeless individuals and families.

I want to acknowledge the positive and productive collaboration between the Departments of Public Welfare, Social Services, Education, Mental Health, Public Health, the Rehabilitation Commission, the Office of Veterans Affairs, the Executive Offices of Communities and Development, Human Services, and Elder Affairs. This integrated effort put forth by these agencies in producing the CHAP is an expression of the wide reaching commitment of the Commonwealth of Massachusetts to mobilizing resources in the battle against homelessness.

This report contains the following required elements:

1) A statement describing the need for assistance provided under each of the programs included in Subtitles B-E of Title IV of the Act, including the need for Emergency Shelter Grants program, the Transitional and Permanent Housing components of the Supportive Housing Demonstration program, the Single Room Occupancy (SRO) Section 8 Moderate Rehabilitation, and Supplemental Assistance for Facilities to Assist the Homeless (SAFAH);

2) An inventory of facilities and services that assist the homeless population in the jurisdiction;

3) A strategy to match the needs of the homeless population with available services, and a recognition of the special needs of the various types of homeless individuals, particularly families, the elderly, the mentally ill, and veterans;

4) An explanation of how assistance under each of the authorities referred to above in Subtitles B-E of Title IV of the Act will complement and enhance the available services;

5) An assessment of the need for literacy training and basic skills remediation for adult homeless individuals within the jurisdiction, conducted under Subtitle A of Title VII of the Act; and

6) A description of how the state will coordinate job training demonstration projects for the homeless conducted under Subtitle C of Title VII of the Act with other services for homeless individuals assisted under the Act.

We hope that the agenda contained within this report meets all the requirements of the Stewart B. McKinney Homeless Assistance Act. It is a great pleasure to participate in this important initiative which enables the states and the federal government to carve out a meaningful solution to the deeply troubling tragedy of homelessness.

Sincerely,

Michael S. Dukakis
Governor

MSD/il

cc: Philip W. Johnston
Amy Anthony

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ACKNOWLEDGEMENTS

This report was compiled and prepared by the Social Policy Unit of the Executive Office of Human Services with special thanks to and appreciation of the technical assistance of Rasheena George and Nikki Dotsias. Their patience and expertise was invaluable in the production of this document. We also wish to thank the many individuals who actually read and wisely edited the first drafts and helped shape this final report.

This CHAP contains many voices, among them the Interagency Council, the Executive Office of Communities and Development, the state Human Services agencies, the Homeless Advisory Committees, the Massachusetts Coalition for the Homeless, and the shelter providers and guests who contributed to its content and mission.

Irene Lee
Director of Housing/Homelessness
Executive Office of Human Services

MASSACHUSETTS COMPREHENSIVE HOMELESS ASSISTANCE PLAN 3: FFY 1990 - 1991

TABLE OF CONTENTS

PART ONE:

I. SCOPE OF HOMELESSNESS: ROOT CAUSES 1

II. ASSESSING THE EXTENT OF THE PROBLEM 2

III. THE DIVERSE NATURE OF THE HOMELESS POPULATION. 4

1. Homeless Individuals 4
2. Homeless Mentally Ill 6
3. Homeless Veterans 6
4. Homeless Elderly 7
5. Homeless Individuals with Aids 7
6. Homeless Families 8
7. Homeless Children 9
8. Homeless Pregnant and Parenting Teens 10
9. Homeless Youth 11
10. Homeless Physically Handicapped 11
11. Homeless Mentally Retarded 12

IV. DEMOGRAPHICS OF THE HOMELESS POPULATION 12

PART TWO:

I. NEED FOR ASSISTANCE UNDER EACH OF THE AUTHORITIES IN SUBTITLES B - E OF TITLE IV OF THE STEWART B. McKINNEY ACT. 14

II. STRATEGY TO MATCH THE NEEDS OF THE HOMELESS WITH AVAILABLE SERVICES, RECOGNIZING SPECIAL NEEDS 18

1. Prevention 18
2. Emergency 19
3. Services 19
4. Permanent Housing 20
5. Needs/Resource Strategy 21

PART THREE:

I. COORDINATING HOMELESS PROGRAMS UNDER TITLE IV WITH LITERACY TRAINING FOR HOMELESS INDIVIDUALS, EDUCATION OF HOMELESS YOUTH, JOB TRAINING AND OTHER PROGRAMS CONDUCTED UNDER TITLE VII AND TITLE VIII OF THE ACT 25

II. MASSACHUSETTS COORDINATION OF HOMELESS SERVICES 26

PART FOUR:

I. CONCLUSION 28

II. RECOMMENDATIONS 29

APPENDIX

1. INVENTORY OF FACILITIES: EMERGENCY AND TRANSITIONAL SHELTERS FOR FAMILIES AND INDIVIDUALS; ADOLESCENT SHELTERS; HELPLINES AND FOOD PROGRAMS
2. LIST OF CITY McKINNEY CONTACT PERSONS
3. MODEL PROGRAMS
4. REGIONAL SUMMARIES
5. EXCERPT FROM MASSACHUSETTS HOUSING REPORT (Executive Office of Communites and Development)
6. PERMANENT PLACEMENTS FY 89 -FY 90
7. SUBSIDIES ISSUED FY 89 - FY 90
8. DEPARTMENT OF EDUCATION - UPDATE ON McKINNEY PROGRAMS
9. AGES AND NUMBERS OF HOMELESS CHILDREN
10. CITIES WITH GREATEST NUMBER OF HOMELESS CHILDREN
11. EMPLOYMENT/TRAINING FOR GENERAL RELIEF RECIPIENTS
12. SOCIAL SERVICES FOR HOMELESS FAMILIES
13. TWO EMPLOYMENT TRAINING PROGRAMS (McKINNEY AWARDS)
14. SUMMARY OF FY 90 McKINNEY AWARD GRANTS FOR MASSACHUSETTS
15. STATE ORGANIZATIONAL CHART FOR THE COORDINATION OF HOMELESS PROGRAMS
16. HOUSING INNOVATIONS FUND - AND COMMUNITY DEVELOPMENT ASSISTANCE CORPORATION
17. DEMOGRAPHIC CHART
18. THE MASSACHUSETTS INTERAGENCY COUNCIL ON HOMELESSNESS AND HOMELESS INTERAGENCY COMMITTEES
19. FOOD AND NUTRITION GUIDE (Department of Public Health)
20. CHAP CERTIFICATIONS

PART ONE

I. SCOPE OF THE HOMELESS PROBLEM IN MASSACHUSETTS: ROOT CAUSES

> *"We are now beginning the second decade in which homelessness continues as a major social problem in urban America. We no longer treat it as an emergency issue, it is a chronic problem. Homelessness is the end product of the social disorganization ravaging our inner cities. The reduction in subsidized housing programs, the decline of industry, the limited opportunities for racial and ethnic minorities, the income decline of the working poor, the feminization of poverty, the poorly funded deinstitutionalization policies... and the dramatic rise of crack as the major growth industry in poor neighborhoods - all have contributed to homelessness."*
>
> *Paul Sevransky*
> *Beyond Shelter, Inc.*

- LACK OF AFFORDABLE HOUSING

The irreducible feature, common to all the different categories of homeless people with their complex and diverse needs, is the lack of a decent and affordable place to live. This is the essential condition, and the definitive core of the problem of homelessness. When people are without housing , new problems are created that eventually overwhelm people's lives and have very costly and tragic consequences.

In Boston, the waiting list for public housing at the Boston Housing Authority has grown from 7,000 in 1982 to 13,000 in 1990. Quincy has a vacancy rate for rental apartments at less than 1%. Virtually all of the cities and towns across the Commonwealth have lost lodging house accommodations for low-income single individuals. Boston, in the 1950's had over 20,000 rooming house units. There are now less than 3,000 rooms in lodging houses in the Boston area.

There is a clear correlation between the reduced supply of inexpensive lodgings and the concomitant increase in numbers of homeless people in shelters.

A 1990 report of the Massachusetts Special Legislative Commission on Growth and Change addresses the issue of affordable housing in Massachusetts. The report points out that:

> "The ratio of housing prices to wages is higher for Boston than for any other city in the country; while the average price of a house in the state increased by 84% between 1984 and 1987, average annual income in the state increased by only 18% in the same period of time; and single parent families were on the average paying 35% of their income for housing in 1974, but the percent in 1987 was 59%."

With regard to the Commonwealth as a whole, roughly 8 percent of the existing housing stock is subsidized, affordable housing. The overall housing needs which meet the affordability definition indicate some 65,000 additional subsidized housing units are needed in cities and towns to reach the 10 percent goal established 20 years ago through Chapter 774 of the Commonwealth's general laws. This "anti-snob zoning" statute set policies to provide subsidized housing. Currently, fewer than 25 communities have achieved this affordable housing threshold (EOCD Tax Credit Allocation Plan, March, 1990).

The conversion of over 18,000 rental units to condominiums, the slow down of multi-family housing production, and the cutbacks in federal and state rental subsidies - are all elements contributing to the severe shortage of rental units for poor families.

Over the last ten years, the federal government has withdrawn appropriations from the development of low-cost housing. Production has declined at the federal level from 250,000 units per year to less than 25,000 units per year. Until the 1980's, it was still possible for people marginally below the poverty line to be housed. Today, unprecedented numbers of families and individuals are denied the simple amenity of a private living space that is safe and stable due to their vulnerable status in the present day market economy.

Today, housing has become a luxury. We see an increasing polarization in the housing market, with the development of "haves and have-nots". William Apgar, of the Joint Center on Housing Studies in Cambridge suggests that the country may have lost sight of the "growing underclass of low-income renters and homeless families and individuals."

II. ASSESSING THE EXTENT OF THE PROBLEM

• COUNTING THE HOMELESS

Although this report counts shelter beds as one indicator of the number of homeless people, it is important to note that the magnitude of homelessness across the Commonwealth is not limited to the literal number of those in shelters and hotels/motels. Although some shelter providers estimate that the number of individuals seen during a year may be ten or twenty times the number of beds available, we are making a more conservative estimate here based on available information as to the average length of stay in shelters. However, due to the episodic and shifting nature of the population, the actual, unduplicated numbers continue to be elusive.

For planning purposes, in addition to the standard measures for counting homeless people in shelters and to more accurately reflect the situation in Massachusetts, this report wishes to acknowledge in its count the estimated number of homeless people in the following settings:

1. PERSONS IN MENTAL HOSPITALS WHO ARE AWAITING COMMUNITY RESIDENTIAL PLACEMENTS. In Boston alone, the Department of Mental Health estimates this number to be 250, with an additional 100 and center -based inns and 117 DMH transitional shelters. In mental hospitals across the state there are an additional 300 inpatients awaiting placement. The total number of homeless mentally ill living in inappropriate settings (i.e. shelters, hospitals, at home temporarily, etc.) is 2,043.

2. FAMILIES DOUBLED UP IN OVERCROWDED AND UNSATISFACTORY LIVING CONDITIONS. Although these families are not literally homeless, they are vulnerable and living precariously at the edge. This number is difficult to gauge. There are 93,400 families on AFDC (June, 1990). One clear indicator of the magnitude of the risk to homelessness is the number of families who utilized Emergency Assistance as a preventive measure.

    - 14,700 families were provided one month's advance rent and a security deposit to secure new housing in FY 89, with an increase of 27% for FY 90.
    - In FY 89 the Welfare Department helped approximately 10,000 families avoid homelessness by providing rent and mortgage arrearage payments. In FY 90 expenditures for rent and mortgage arrearage payment are estimated at $14.9 million, a 28% increase over FY 89 spending.
    - 13,000 families received arrearage payments for fuel assistance under the EA Program.

3. PERSONS LIVING ON THE STREETS AND IN RURAL AREAS. The DMH Homeless Services Unit of Metro-Boston Region estimates that along with the 1,780 sheltered homeless individuals in Boston they have found approximately 400 persons refusing shelter and living essentially on the streets within the past year.

    Rural homelessness is more difficult to discern. However the report from Franklin County includes the numbers of homeless from rural areas (See Appendix 4).

4. OTHER FACILITIES THAT TEMPORARILY HOUSE OTHERWISE HOMELESS PEOPLE ARE:

   - Battered Women's Shelters
   - Detoxification centers
   - Halfway houses
   - Transitional programs
   - Adolescent shelters
   - Hospitals

The inflated cost of housing and the insufficient number of federal and state subsidies render it inevitable that a high percentage of these families are at risk of homelessness or are episodically homeless. (*See Massachusetts Housing Report*, Appendix 5).

For this report we have acquired information from various sources, including:

- needs assessments and surveys conducted by state housing and human services agencies;
- meetings and reports of shelter providers, advocates, and community groups;
- Interagency Task Forces on Homeless Individuals, Homeless Families, and Special Needs Housing; and
- research studies on homeless individuals.

In this report we recognize the limitation of existing methodologies for projecting a precise count of the homeless population. However, it is possible to project with some accuracy the future need based on present utilization of services. By combining information obtained from need assessments with the experience of local providers and state agencies, we expect to obtain a realistic estimate of the number of homeless people who will need services.

However, services are not determined only by quantitative studies, but also by policy decisions which in turn effect the future growth of homelessness. Clearly the answer to the growing number of homeless families and individuals is not necessarily to build more shelters, but to respond to the economic forces underlying this phenomenon, by altering the basically inadequate federal, state and local housing policies and resources.

• ANALYSIS OF NEED

Overview of the Homeless Problem in Massachusetts:

Estimates of the homeless population in the Commonwealth set the current number at 10,000 individuals. Further, it is estimated that nearly 75% of this population are families.

In recent years, families have become the fastest growing segment of the homeless population. In 1983, only 25% of the homeless population in Massachusetts consisted of family units (Kaufman, 1989). This year the Welfare Department projects that it will serve an estimated 5,000 families. This is an increase of some 1,100 families since state Fiscal Year (FY) 1987.

In Massachusetts, eighty to ninety percent of all homeless families are headed by a single, female parent between eighteen and thirty-five years of age, with two children. About 2/3 of homeless children are under age six, and nearly 1/2 of homeless children are under four years of age.

Homeless families also face challenges of securing independence from public assistance. While only three percent of AFDC recipients in a given year become homeless, an estimated 80% of homeless families rely on AFDC as their principal source of support (EOHS, 1985).

III. THE DIVERSE NATURE OF THE HOMELESS POPULATION

> *"Homeless - a word that until recently was virtually unknown in the public - policy vocabulary - has become a slogan, a stigma and a symbol of the country's reluctance and inability to relieve a novel suffering among its poorest people."*
>
> *Mitchel Levitas*
> *New York Times Magazine*
> *June 10, 1990*

The homeless are some of the Commonwealth's most needy citizens. It is the most vulnerable who generally fall out of the housing market. This section will describe the differing homeless populations and their particular needs. Also, an important indicator of service needs depends on the length of time one remains homeless. For this reason, chronically homeless people usually require more intensive services than those who are displaced for brief periods of time.

ANNUAL Overall Statistics*

	1987	1988	1989	1990
HOMELESS INDIVIDUALS IN SHELTERS	2,676	3,516	3,656	4,600
HOMELESS FAMILIES IN SHELTERS	1,000	2,200	3,000	3,000
HOMELESS FAMILIES IN HOTELS/MOTELS	2,900	3,100	3,200	2,000

The Welfare Department estimates that the average length of stay for individuals in shelters is approximately 6 months.

Average length of stay for families in the sheltering system is approximately 60 days, and 90 days for families in hotels/motels.

* NOTE: (These numbers represent only the families and individuals who utilized the *Welfare Department shelters* in the years 1987 - 1990. This is not the total universe of homelessness in Massachusetts.) The counts shown are for types of homeless households, some consisting of individuals and others of families. The totals shown are total numbers of homeless households per year, not total numbers of homeless individuals. If children were counted separately, the total numbers of homeless people would be much higher.

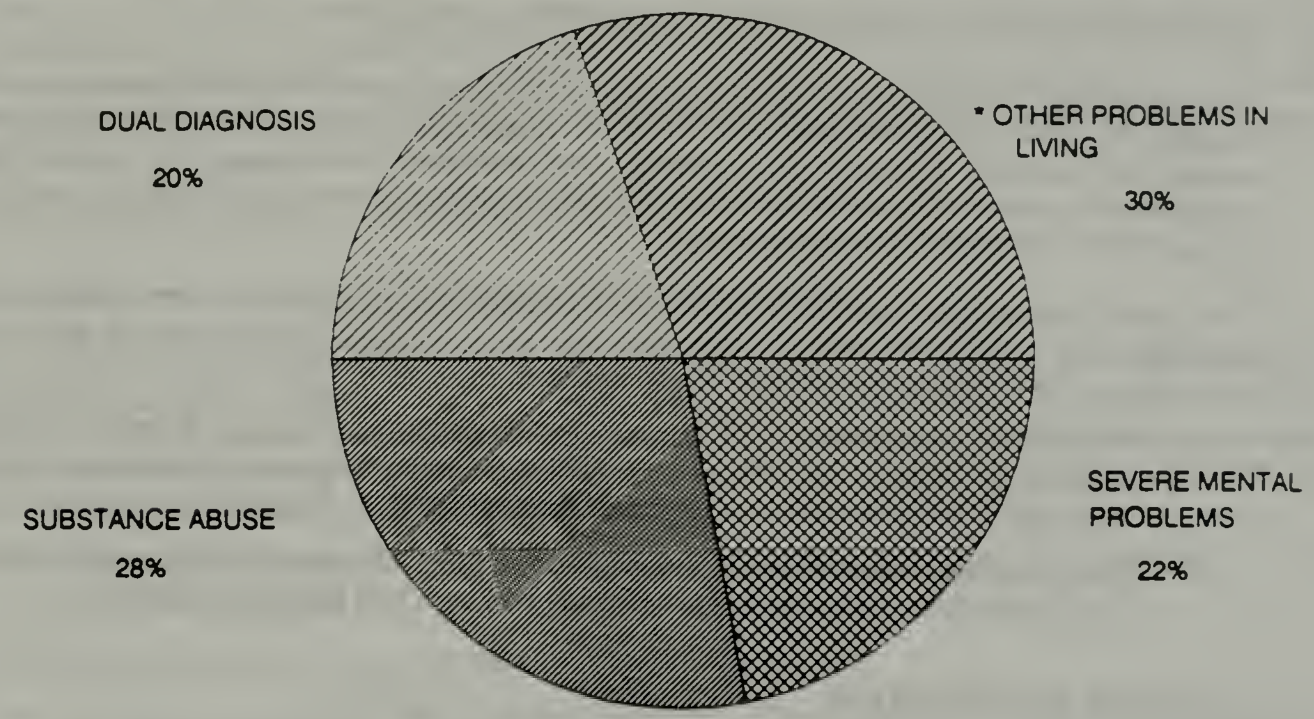
1. THE NEEDS OF HOMELESS INDIVIDUALS

Studies of homeless individuals in 27 shelters across the state illustrate the following characteristics:

- 22-35% experience severe mental illness;
- 20-30% have a dual diagnosis of mental illness and substance abuse;
- 50-70% have major substance abuse problems;
- 10% have chronic physical illness; and
- 20% have experienced a primary economic loss leading to homelessness.

The chart below was developed for the previous year's CHAP. The number of people suffering from substance abuse problems has increased over the last period. The chart does not reflect the overlapping nature of these categories.

SINGLE ADULT SHELTER POPULATION (2,521)



* LACK OF ADEQUATE INCOME, LACK OF JOB SKILLS, SHORTAGE OF LOW INCOME HOUSING.

All shelter occupants share the basic lack of adequate income, job skills, and social support networks.

Many of the long term shelter guests had been disconnected from family social support for some time prior to their physical displacement from SRO housing. In *"More Than Shelter" (United Community Planning Corporation and Massachusetts Association of Mental Health, 1985)*, it is stated:

- 74% had no family support and 73% had no friends to provide support.
- 40% of the total shelter sample claimed they had no relationship with anyone -- not even a social agency, staff member or shelter friend.
- The deinstitutionalized group were even more disconnected: over 90% had no support from friends or family.

In a May 1990 issue of *Hospital and Community Psychiatry*, a study by Jeffrey Grunberg, MA, and Paula Eagle, MD, *"Shelterization: How the Homeless Adapt to Shelter Living"*, the iatrogenic effect of shelters on homeless individuals is described.

> "The relationship between homelessness and mental illness is complicated and is yet to be understood. It is unclear whether homelessness and mental illness result in the loss of social connections or whether the lack of a social structure causes people to become homeless or worsens the effects of mental illness."

The latest findings in the statewide survey conducted by the Department of Mental Health are consistent with the earlier findings in the NIMH study of 1985 and other studies. Bassuk, Rubin and Lauriat's (1984) assessment of the psychological and medical needs of the single homeless at the Shattuck Shelter found that 29% of the shelter guests were chronic alcoholics. The estimates of the prevalence of chronic mental illness among sheltered and unsheltered guests varies from 17% to 35%. This estimate excludes those with a dual diagnosis where the primary diagnosis is chronic alcoholism.

Most (94%) had stayed at the shelter previously and 40% had lived on the streets for at least 6 months. Recent anecdotal information suggests that in some shelters the number of individuals addicted to alcohol or cocaine ranges between 50 - 80% (see Appendix 4).

Future research needs to focus on subgroups of homeless alcoholics such as women and minorities, including Native Americans.

2. PROGRAMMING FOR HOMELESS MENTALLY ILL

The continuing increase of homeless individuals with severe problems who do not accept treatment suggests that this population does not "fit in" to categorically designed existing program models for supportive housing. Resistant to treatment and outreach, often unable to utilize single room occupancies, there is a special need for very flexible, supportive housing with a tie-in to stable day-time social centers for socially marginal people.

The DMH Shelter Services Policy, developed in 1988, was a product of the NIMH administered, Homeless Services Block Grant. This funds 19 Master's level clinicians who work at shelter sites across the state, serving both individual and family shelters.

- They work closely with the Executive Office of Human Services Homeless Services Interagency Committee to strengthen the programming in generic shelters to help homeless mentally ill people move from shelters into the DMH formal services system.
- They continue efforts to add resources to the Metro-Boston DMH Homeless Services Unit, both in the form of coordinated planning and concrete program building.

3. HOMELESS VETERANS

The Massachusetts Office of the Commissioner of Veterans Services prepared the following report:

- Description of Population

It is estimated that 30% of the homeless individuals in the city of Boston's shelters are veterans. Based on population surveys done by the OCVS and the city of Boston's Department of Veterans Services in 1989, there may be 2,500 homeless veterans on our streets or in our shelters. Between 75 -80% are Vietnam era vets and less than 5% are female.

Based on medical evaluations conducted by the V.A. in 1989:

- Over 50% have psychiatric disorders.
- Almost 60% have substance abuse history (45% alcohol, 12% other drugs).
- Over 40% have serious medical problems.

Services Provided Veterans

In August 1989 OCVS was awarded a $118,000 grant from the U.S. Department of Labor to follow up on the success of the previous year's Outreach Project for homeless veterans in the city of Boston.

The primary goal of this program has been to place homeless veterans into full-time employment positions. Since the inception of this program in 1986:

1,547 veterans were contacted;
713 placed in jobs; and
1,053 received job training.

The average salary of veterans placed into employment is approximately $14,500 per year, down slightly from last year's average of $15,150.

The strategies of OCVS for reducing homelessness is through provision of job training and job placement, and providing resources for shelters through Chap. 115 veterans benefits and assistance programs.

Department of Veterans Affairs

The Federal Department of Veterans Affairs has run a Homeless Chronically Mentally Ill Outreach Program out of the Boston V.A. Medical Center and Outpatient Clinic for over three years and has accessed more than 800 veterans and provided a whole range of services. In addition, this year saw the opening of a 40 bed Domiciliary for Homeless Veterans at the Bedford V.A.M.C. In addition, there are plans in the works to expand the Bedford capacity beyond 40 beds, and the D.V.A. is in the process of purchasing two homes (24 beds) to use as 3/4 Way Houses for Substance Abusing Homeless Vets.

4. HOMELESS ELDERLY

This section was prepared by the Executive Office of Elder Affairs.

Among the Massachusetts elderly, there are numbers of homeless persons who are chronically mentally ill, alcoholic, or both. Each of these elderly persons may need a different type of assisted housing. In 1988, advocates estimated that there were 1,200 homeless elders in Massachusetts, most of whom were in Boston. 70% men and 30% women, although more recent statistics indicate that the number of elderly women in shelters is increasing.

- Medical problems related to aging, alcoholism, and unsanitary living conditions have been evident in 75% of the caseload;
- Alcoholism is present in approximately 65% of the cases; and
- Mental illness is present in 50% of elderly homeless. (The incidence of chronic mental illness is higher among the female clients with 80% of the females having mental health problems).
- Locating appropriate housing has presented a formidable challenge. Many private landlords refuse to rent to elders because of past housing history, and it is frequently difficult to place elders in a nursing home because of their reluctance, complicated financial problems, alcoholism, or mental health status.

The Executive Office of Elder Affairs has developed a successful congregate housing program for the homeless elderly. St. Helena's opened a year ago, and provides a coordinated program for 9 elders. The services include home care, visiting nurses, alcohol counselors, mental health workers and housing managers. A second such program is in development in Boston.

5. HOMELESS INDIVIDUALS WITH AIDS

The Department of Public Health provided the estimate that there are 1,405 persons with AIDS living in Massachusetts. Most persons with AIDS have low enough incomes to qualify for assisted housing and have a need for home-based health and personal care services.

In testimony by the AIDS ACTION Committee before a Congressional hearing on the AIDS Housing Opportunities Act, (H.R 3423), the following information was revealed:

> An estimated 10% to 15% of homeless individuals may be infected with HIV, although the rate is much higher in some cities. In Boston, it is estimated that 30% of our homeless people are infected with HIV. This number does not include children or women in family shelters.
>
> It is also estimated that over 30% of people with AIDS are in acute care hospitals because they have no community-based or residential alternatives available to them.
>
> The AIDS ACTION Committee of Massachusetts has over two hundred and fifty clients, twenty five percent of its caseload, who are either homeless or in imminent danger of homelessness. Due to both state and federal housing subsidy cutbacks and projected

AIDS case loads, the number of clients in desperate need of housing is expected to climb to over one thousand by the end of 1990.

NOTE: The effect of AIDS on homelessness requires further study. Existing health care teams treat people in shelters; hospices and other housing options are being developed; training of shelter staff and an AIDS manual is offered by the Department of Public Health.

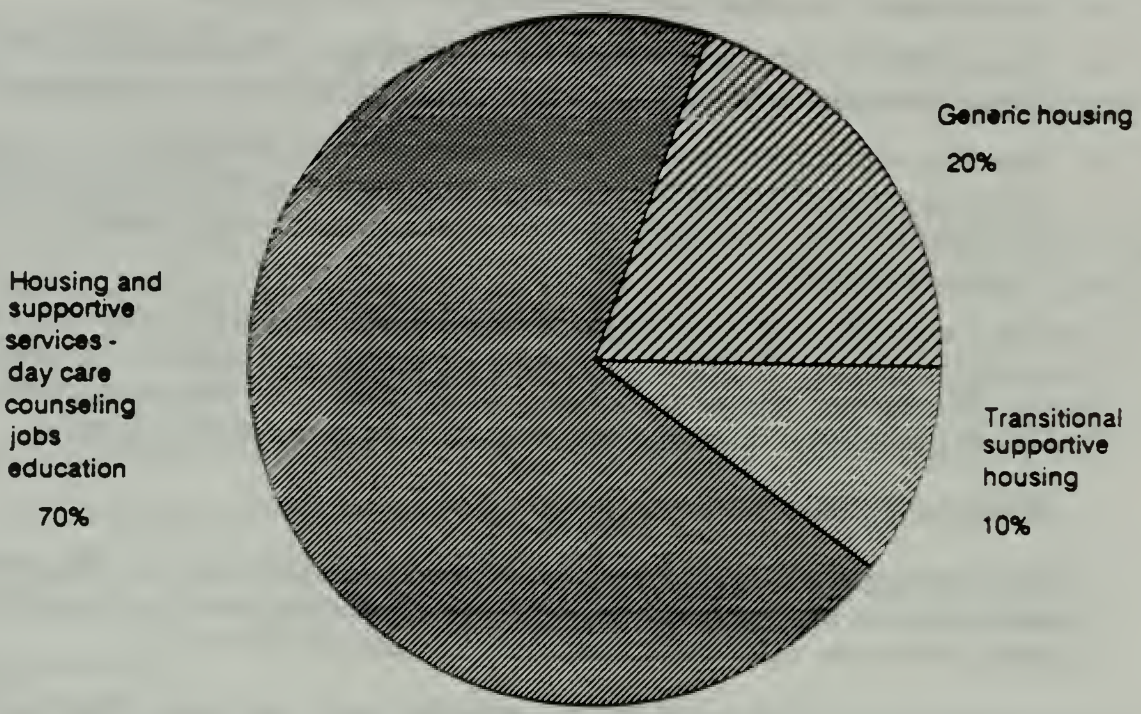
6. HOMELESS FAMILIES

Despite the state's commitment to serving homeless families, inadequate resources have prevented the Commonwealth from providing the level of transitional/stabilization services required by this population.

Regardless of the reasons for their homelessness, homeless families often require a level of transitional/stabilization services which are difficult to access or unavailable. In 1988, a survey of approximately 100 families served in one Boston shelter revealed that only one-third of the families were ready to live independently without supportive services.

Even for those homeless families who find permanent housing, maintaining this housing is often a formidable task. Nearly 25% of those families placed into permanent housing without a subsidy later experience a repeated episode of homelessness (Grollman, Herzog & Keyes, 1986).

HOMELESS FAMILY HOUSING NEEDS



Estimates of the needs of homeless families are based on information from shelter providers, Health Care for Homeless practitioners, Welfare and DSS social workers, and DMH shelter/clinical coordinators.

There were 71 family shelters as of May, 1990 in Massachusetts, serving approximately 630 families. In addition, there were approximately 190 families in hotels/motels across the state.

70% of homeless families need housing and supportive services - including:

day care;
job training;
education; and
counseling.

20% just need affordable housing.

10% would benefit from transitional programs that offer more intensive services to prepare them for independent living (i.e. families with severe substance abuse problems or young parents who need to develop basic parenting and educational skills).

As of May 1990, there were fewer than 200 families in hotels and motels across the state. This represents a steep decline from last year when there were over 700 families in hotels/motels.

This significant reduction in the use of hotels/motels for homeless families is based on a concerted effort on the part of EOCD and EOHS. A task force consisting of housing and homeless advocates and providers worked together with these state agencies to expand its prevention efforts and develop additional shelter resources. EOCD modified its rental subsidy program in three ways:

1. Rental subsidies would not be administered as a separate set-aside system for homeless families in hotels/motels and shelters, but would be integrated into existing housing programs operated by local housing authorities and regional non-profit agencies. State subsidies were used as an "incentive" to encourage local housing authorities to provide federal subsidies.

2. A comprehensive homeless prevention program would be implemented to reduce the reliance on emergency shelters and hotels, by adopting homeless and "at-risk' tenant selection preferences for state and federal subsidies.

3. By changing tenant selection rules in this way, significant resources for homeless and at-risk families can be made available from the "turnover" and reissuance of current subsidies. (See "*Permanent Housing For Homeless Families: Moving Towards Homeless Prevention*" January 30, 1989, prepared by Executive Office of Communities and Development.)

NOTE: Section 707 is a state rental certificate program for families that meet public housing eligibility requirements. This year this program is in jeopardy due to legislature budget cuts.

In 1989, the Department of Public Welfare led an interagency effort to identify and assist families who are imminently at risk of becoming homeless and to take the necessary steps to prevent their homelessness. The Department collaborated with EOCD and the Department of Social Services (DSS) to develop an assessment tool to evaluate the needs of families living in overcrowded or doubled-up living situations. All families applying for benefits from the Welfare Department now receive an in-depth assessment completed by DSS' Family Life Center. This assessment enables the Department to: (1) determine what servcies are required to alleviate threats to health and safety faced by assessed families, and (2) ensure that only those families most in need are placed into temporary emergency housing.

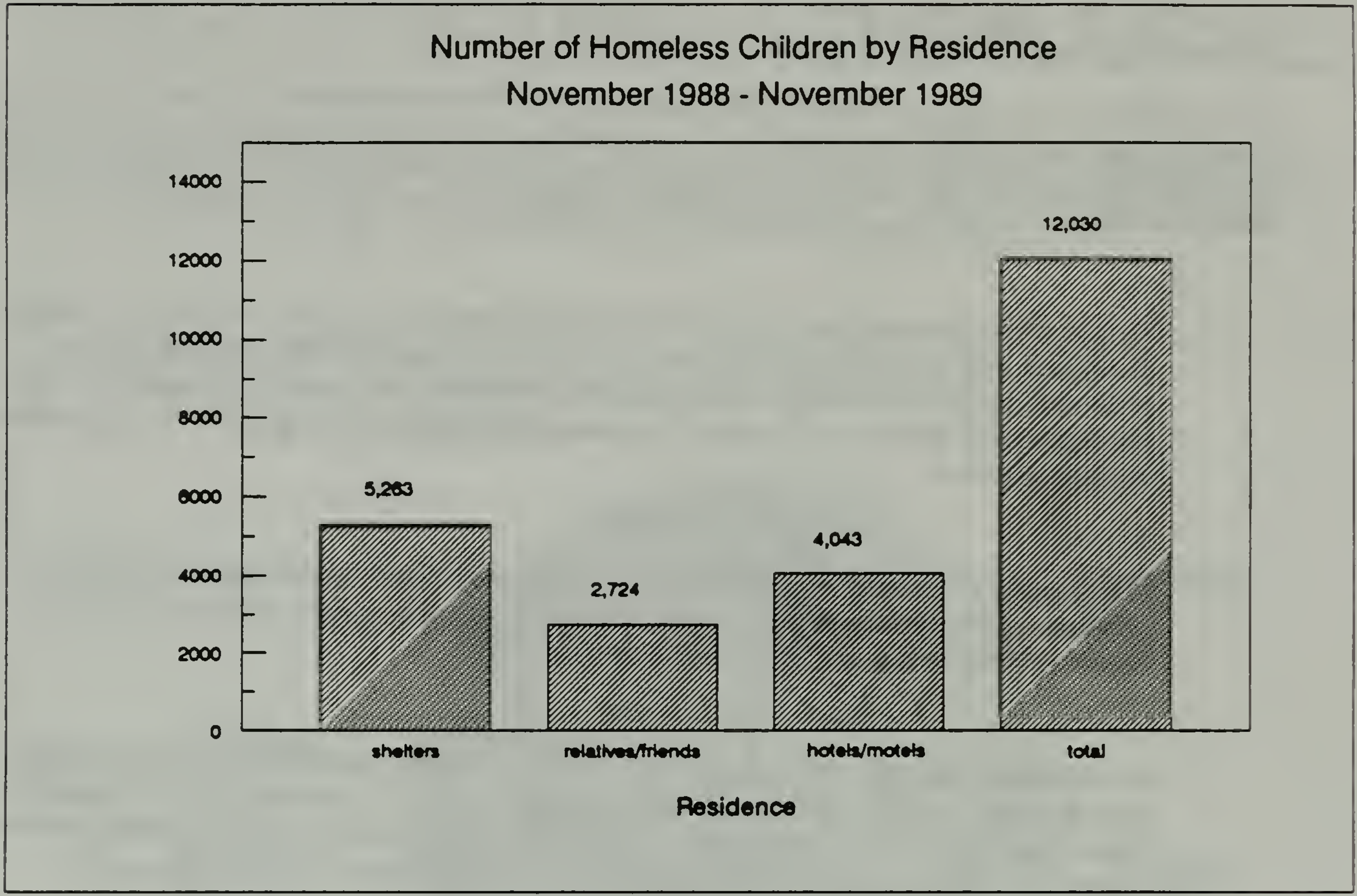
7. HOMELESS CHILDREN

Homeless children who are spending their formative years without the safety and stability of a permanent home often present with severe emotional, social, developmental, educational and health problems. Preliminary studies suggest that almost 25% of sheltered homeless children also have been victims of abuse and neglect *(Bassuk, E.L, Ruben L., Lauriat A. - Characteristics of Sheltered Homeless*

Families, 1986) . Some children come to shelters already manifesting developmental delays, anxiety depression and learning difficulties. However, reports from shelter staff and homeless mothers indicate that the pressures of shelter living exacerbate the children's difficulties and may even crate new ones.

The Massachusetts Department of Education report, "*Children Without Homes*", contains the following statistics regarding the educational profile of homeless children:

- Between November '88 - November '89, approximately 12,030 children/youth (ages birth to 18) were, at some point in time, homeless in the state of Massachusetts. Of this population, the greatest percentage resided in family, adolescent or battered women shelters during their period of homelessness.



Number of Homeless Children by Residence
November 1988 - November 1989

8. PREGNANT AND PARENTING TEEN HOUSEHOLDS

Young single parent families are now the fastest growing segment of the homeless population, representing nearly one-quarter of the estimated 250,000 to three million homeless persons nationwide (U.S. Conference of Mayors, "*A Status Report on Hunger and Homelessness in America's Cities*", *1989*).

In a joint report from the Citizens' Housing and Planning Association and the Alliance for Young Families, a statewide survey on the housing needs of pregnant and parenting teens was conducted. The following represent the number of homeless pregnant or parenting teens who stayed in these facilities over the entire year 1988:

Family Shelters	813
Adolescent Shelters	100
Hotel/Motel	380
Living on the streets	63
Temporarily living with friends and relatives	795
TOTAL	2,151

The demographic profile of pregnant and parenting teens served by homeless shelters shows that most households are white, between the ages of 18 and 19, have one child, have completed at least 10th grade, and are receiving Aid to Families with Dependent Children (AFDC).

9. HOMELESS YOUTH

While the Commonwealth provides homes for adolescents through the Department of Social Services and its network of foster and group homes, homeless adolescents are the runaways and "throwaways" who are unwilling or unable to utilize the traditional services which are available.

To address this problem, the Commonwealth funds a wide variety of outreach, hotline, and emergency shelter programs (see Appendix 1). The length of stay in the shelters is 30 days, with the option to extend to 45 days. In general the emergency shelter network meets the temporary sheltering needs of the population of runaways under age 17. However, housing for adolescents between age 17 and 21 after an emergency stay is desperately needed. Shelter providers report that these older youths are going to adult shelters which are not structured for them. They are often very angry about their inability to find jobs and housing and can be frightening to older shelter residents. They, in turn, are introduced to a homeless lifestyle in the adult shelters which can reinforce the chaos and rootlessness they experience. The "Bridge", a well-established organization which provides an array of services to street youth in Boston, estimates that they see about 300 such youth a year.

Both state and private agencies have identified the need for smaller transitional shelter programs, where these young people can stay for an extended period of time and focus on the skills they need - educational, vocational, interpersonal, etc. - to make it on their own. Sub-populations of particular concern among our adolescent homeless are substance abusers and adolescent parents, both of whom need programs which address their particular problems.

There are no specialized adolescent shelters for Homeless Adolescents who are seriously emotionally disturbed or mentally ill and have been hospitalized for mental health care. Placement and continuum of care is a great concern.

There is a need for residential programs/shelters with follow up support services which address the unique issues of homeless adolescents once discharged.

10. HOMELESS INDIVIDUALS WITH PHYSICAL DISABILITIES

Homeless individuals who have physical disabilities and use wheelchairs are unable to adequately access emergency shelter in Massachusetts. Like able-bodied people, this group also suffers from characteristics that typically lead to or are a result of homelessness. Many are dependent on drugs or alcohol, some suffer from mental illness or a chronic medical illness while others have experienced a primary economic loss. These factors, along with the severe shortage of subsidized and affordable wheelchair accessible housing, combine to force many disabled people to become homeless.

Accessibility is limited due to the fact that shelters weren't designed with ramps, widened doorways, or accessible bathrooms. The shelters also don't have sufficient staff available to assist disabled guests with their personal care needs. The larger Boston shelters (Pine Street Inn, Long Island and Shattuck) take disabled guests, although they are unable to accept people with complex medical or extensive personal care needs.

An inter-agency task force began meeting at EOHS in February, 1990, to discuss this problem and make recommendations for change. As a result of the task force:

- Pine Street Inn, Long Island Shelter and Shattuck Shelter have agreed to implement a rotating policy of accepting disabled guests, so as to reduce the confusion that these guests often experience in trying to access shelter. Like able-bodied people, they will need to be assessed by the medical screening unit of each shelter. If the guest has complex medical needs, they will be referred to a more appropriate facility.
- Shattuck Shelter has been able to access funds to become physically accessible. Plans are underway to build ramps and adapt bathroom facilities.

- A resource guide is being prepared by the Executive Office of Human Services which will outline services available to disabled people to help them access permanent housing.

Members of the task force agree that what is needed to help this population are **permanent housing** and **alternatives to shelters for people with medical complications.** Shelter providers logically fear that if the shelters become equipped to handle guests medical needs, they will rapidly turn into long-term care facilities for medically fragile people.

Planners also need to keep in mind new federal legislation which, if passed, will guarantee equal access to new buildings for people with physical disabilities.

11. HOMELESS MENTALLY RETARDED

The Department of Mental Retardation estimates that there are approximately 352 homeless individuals with mental retardation here in Massachusetts. In developing services for this population we must recognize that their needs often require not only housing, but also substantial supportive services. This is particularly true of the dually diagnosed ED/MR population.

This 352 breaks down as follows:

- 163 in mental health facilities; and
- 189 in temporary shelters, on the streets, condemned buildings, etc.

In addition to these 352, each year approximately 450 individuals with mental retardation reach the age of 22 and are no longer eligible for funding under the Chapter 766 Special Education Law (once they turn 22 these individuals enter the DMR service system). Of these 450, each year approximately 200 are in need of residential services. Current fiscal constraints, however, leave DMR unable to provide the entire amount of needed residential places.

Additionally, DMR currently maintains a residential waiting list of approximately 1,050 individuals, a number of whom are living with elderly parents who are no longer able to provide needed care. In addition to these 1,050, there are approximately 600 state school residents awaiting residential community placements.

IV. DEMOGRAPHICS OF THE POPULATION BASED ON POVERTY

Demographic variables based on the 1980 census are shown in Appendix 17. They show the total population, number in poverty status according to the Federal poverty line in 1980, and percent of population which is poor. As expected, Boston has the largest population (16%). Although Worcester is second largest in population (235,536), Springfield ranks second in percentage of poverty (11%). Lawrence and Fall River also show 11% of their populations in poverty. Approximately 2/3 of the homeless population is located on the Cape (10 - 15%) and in the greater Boston area (52%). This is disproportionately high, since these areas account for only 23% of the Commonwealth's total population and less than 30% of the AFDC caseload.

While homelessness is seen in its largest concentrations in urban areas, the problem of homelessness is by no means limited to Massachusetts' cities and urban centers. The combination of poverty and a low supply of affordable housing explain the clustering of homelessness across the state. These variables also indicate the need for shelters and shelter-based mental health services in those areas.

> *"We spend less on social welfare as a percent of G.N.P. than any advanced industrialized country," said Lee Bawden a senior economist at the Urban Institute. "That's the American way, but it's catching up with us on the homeless issue."*
>
> *Mitchel Levitas*
> *New York Times Magazine*
> *June 10, 1990*

TABLE 4

AFFORDABILITY INDICATORS FOR SELECTED COMMUNITIES *

	Estimated Mean Household Income 1986	Ratio of Community Median Single Family Price/Mean Community Income	Ratio of (Community Median Single Family Price/Community Mean Income) to (State Median Single Family Price/ State Mean Income)	Percent of Stock in Subsidized Housing	Median Single Family Housing Price	Mean Single Family Housing Price
Cambridge	27,393	7.67	2.04	17.1	210,000	342,339
Somerville	27,176	7.16	1.90	10.9	180,250	221,350
Boston	25,319	5.73	1.52	20.3	145,000	344,256
Lowell	26,174	4.78	1.26	16.4	125,000	159,735
Wellesley	61,655	4.54	1.20	4.5	280,000	336,602
Worcester	24,775	4.54	1.20	15.5	112,500	158,857
Fall River	19,882	4.52	1.20	17.8	89,925	109,305
New Bedford	20,308	4.14	1.10	14.9	84,000	104,454
Dover	84,719	3.72	0.98	0	315,000	337,906
Springfield	23,356	3.30	0.88	16.8	90,000	100,898
Lee	29,627	2.82	0.75	0	83,500	110,591
Pittsfield	29,142	2.79	0.74	9.3	81,370	104,666
State	32,547	3.78	1.0	8.7	123,000	172,787

* MASS HOUSING REPORT & EOCD

PART TWO

I. NEED FOR ASSISTANCE UNDER TITLE IV OF THE McKINNEY ACT

1. THE NEED FOR EMERGENCY SHELTER GRANTS (ESG) PROGRAM: TITLE IV. SUBTITLE B.

Existing network of emergency shelters

Shelters serve two purposes: 1) temporary housing for displaced persons, and 2) a place which can serve as a social support center from which to make appropriate referrals for housing, housing with services, specialized housing (e.g., for mentally ill or alcoholic), or referrals for services (e.g., day care, job training, education, etc.).

> *Over the past 6 years, the Department of Public Welfare has gone from 2 state-supported shelters for homeless individuals and families to 107 in 1990.*
>
> *Emergency Shelter Grant funds have been provided throughout Massachusetts to 67 shelters in 27 municipalities.*

The Massachusetts Department of Public Welfare has received and distributed ESGP grants in the amount of $1,661,000, excluding sums allocated directly by HUD to formula cities. (This amount does not include the latest round of funding).

State level ESGP funds have complemented and enhanced the state's already available facilities and services for the homeless in ways which demonstrate all four statutory categories of eligible activities:

- rehabilitation of buildings
- shelter operations
- provision of essential services
- homeless prevention

To date, nine new family shelters have opened as a result of ESGP funding which helped ready their sites, providing approximately 178 new beds. *(See Stewart B. McKinney Performance Report, May 1989)*

In 1988 Massachusetts had a total appropriation of $108,000 for its Emergency Shelter Grant. The Welfare Department issued a Request for Application to its shelter community. The total request for funding in response to the RFA was over **$2 million.**

Current Status of Shelter for Homeless Individals

This winter the Greater Boston Shelter Alliance established an additional 520 beds for individuals. These beds were developed in response to a pressing emergency need in the coldest winter months. 20 beds were similarly opened this winter in Franklin County and 25 in Springfield.

In addition to the above emergency shelter beds, there are also the following specialized programs for homeless individuals:

> The Boston Night Center - An alternative space for people who will not use a traditional shelter (60 people).
>
> Andrew Detox. Center - an intensively staffed dual-diagnosis program for homeless individuals with acute mental health and substance abuse problems. (20 beds).

Sheehan Residence Program at Tewksbury Hospital - Long term residential program for homeless women with substance abuse problems (30 beds).

York Street Women's Shelter - for women with mental illness who have been on the street for a long time (20 beds).

Parker Street, Parker West, and Bayview Inn - three Transitional Shelters for Homeless Mentally Ill persons in Boston (118 beds).

St. Francis House Day Center - service center for approximately 400 homeless individuals daily.

THE TOTAL NUMBER OF SHELTER BEDS FOR INDIVIDUALS IN MASSACHUSETTS is **2,721 beds.** (See Appendix I. This includes both private, non-profit, and state funded shelters.)

The calculation of the number of individuals seen in the course of a year is based on an average turnover rate in the shelters of twice a year. Thus, to meet the needs of individuals showing up at the shelters, **Massachusetts needs roughly 5,442 units of housing for individuals.**

Seventy percent of this housing (5,149 units) will require some level of supportive services in various types of housing models.

Without sufficient housing or appropriate services to accompany housing, the numbers in the "emergency" network get backed up and emergency shelters become long term arrangements instead of the referral points they should be.

Note: *The ESG grantee for the state of Massachusetts is the Department of Public Welfare. The Department of Public Welfare is responsible for carrying out the drug/alcohol free assurance in their programs. This applies to all the shelters which receive McKinney funding, and is stipulated in the contractual arrangement between the Department and the shelter providers.*

Current Status of Family Shelters

In May 1990, there were approximately 770 families in shelters and hotel/motels. Based on turnover rates of approximately 90 day length of stay, we can roughly speculate that for FY'90 the total number of families utilizing shelters and hotels as of May 1990 seeking affordable housing is approximately **3,000 - 4,000** (This number does not include families in overcrowded or substandard housing).

At the same time, there is a continuing need for family shelters to provide the short range assistance to families in crisis and to act as a gateway to needed services. Family shelters will continue to require capital assistance to maintain the physical condition of the buildings. As we discontinue the use of hotel/motels, we will monitor the need for additional shelter capacity.

Addressing the Substance Abuse Issue

Since an increasing number of homeless families are presenting with severe substance abuse problems, (see DSS Report, *Project Impact*) the Welfare Department, in conjunction with the Department of Public Health and the Department of Social Services will open, as of October 1990, 10 new transitional programs for families with substance abuse problems. These programs will enable families to keep their children with them while they engage in treatment. The length of stay will be six - nine months. These programs represent a unique linkage between family shelter providers and substance abuse outpatient providers.

2. THE NEED FOR THE SUPPORTIVE HOUSING DEMONSTRATION PROGRAMS: TITLE IV. SUBTITLE C.

As stated earlier, there is a need **for an array of low-cost housing options connected with services and supports** -- options which would enable shelter guests to move into more permanent and appropriate living arrangements.

The Greater Boston Adult Shelter Alliance has been working with the Executive Offices of Human Services and Communities and Development to develop a long range strategy to develop units of housing for individuals who are homeless or who are "at-risk" of becoming homeless. The spectrum of physical design ranges from lodging houses, SRO's, and congregate housing to scattered site apartments. This is applicable to both transitional and long term housing options.

TRANSITIONAL HOUSING:

Transitional housing with a flexible range of supportive services is needed for approximately 5,000 individuals. (See above). The range of services has been described as:

- Independent living with occasional support from community program/case manager;
- SRO with live-in manager;
- Community living program with some on-site staff; and
- Community residence with 24 hr. staffing.

Homeless persons who are mentally ill, alcoholic, or both (dual diagnosis) will require some form of transitional program to assist in the sometimes difficult move from homelessness to stability.

Other populations that benefit from transitional housing are:

pregnant and parenting teenagers;

multi-need homeless families; and

recovering alcoholics and substance abusers who need post-detox and alcohol-free residences.

For homeless families with particularly intransigent social problems, transitional housing offers training and support. Services geared to building competence include:

- education;
- job training;
- parenting skills;
- counselling; and
- developing links with the community.

Fifteen programs for homeless families, youths, recovering alcoholics, and the mentally ill received Transitional Housing Funding totalling $5,379,278 under the McKinney Supportive Housing Grant since its inception in 1986 *(Progress Report 1989).*

- PERMANENT HOUSING FOR THE HANDICAPPED:

> *"H.U.D. appropriations for subsidized housing programs were cut by 75% during the Reagan Administration, from $33 billion in 1981 to $8 billion in 1988; about 500,000 people were dropped from the welfare rolls after being declared ineligible."*
>
> *Mitchel Levitas*
> *New York Times Magazine*
> *June 10, 1990*

The Massachusetts Executive Office of Communities and Development (EOCD) and the Executive Office of Human Services developed the Chapter 689 Program for people with Special Needs. This program:

- coordinates the delivery of housing and services to individuals who require on-site services to attain or maintain maximum personal independence; and
- provides housing in small scale residential settings which promote integration of people with special needs into the community.

Massachusetts is also in the third year of implementing the Governor's Special Message on Mental Health, which calls for the development of 2,500 new units of community based permanent and transitional housing for the clients of the Department of Mental Health, including the homeless mentally ill.

The innovative CHOICE program, a joint initiative of the Department of Mental Health and the Division of Capital Planning and Operations to develop 1,000 new units of community housing, enables the state to purchase private buildings and property for the purpose of fast-tracking the development of community residences for the mentally ill. To date, 16 houses have been acquired in three regions of the state and will be housing approximately 117 individuals who are presently either homeless or are ready for community living but still in state hospitals.

While Massachusetts has developed **1,100 units of new housing,** the need for additional units has been estimated, in a recent needs analysis conducted by the Department of Mental Health, at an **addititional 6,000 units for mentally ill adults.**

Under the HUD Supportive Housing Grant -(Permanent Housing)- Massachusetts received $292,927 in 1988 from HUD for three projects for homeless mentally ill. No projects were funded in 1989.

3. SUPPLEMENTAL ASSISTANCE FOR FACILITIES TO ASSIST THE HOMELESS (SAFAH): TITLE IV. SUBTITLE D.

The Supplemental Assistance Program was designed to foster the development of demonstration programs to meet the special needs of homeless families, the elderly, and the handicapped.

Along with the need for capital improvements in shelters and new demonstration programs, there is a further need for programs which focus on prevention and followup services for people once they are rehoused.

For others, "independent living" can be a reality through services offered off-site, but equally necessary for stabilization in the community:

day programs;
sheltered employment;
counselling;
job training;
meal programs; and
social networking.

This year, seventeen non-profit organizations, four cities and towns, and the Massachusetts Department of Social Services applied for the SAFAH grant for a variety of supplemental services for the elderly, child care, teenage parents, outreach, housing, etc. Only one project in all of New England received funding, Elizabeth H. Stone House received $250,000.

4. SECTION 8 MODERATE REHABILITATION: TITLE IV. SUBTITLE E.

Currently, there are over 300 SRO units across the state that are funded with project-based Chapter 707 rental subsidies (these are subsidies committed to the unit rather than a person). The Housing Innovations Fund (HIF) also funds SRO development. The HIF program has committed funds to or is reviewing applications for over 500 SRO units in 18 different projects.

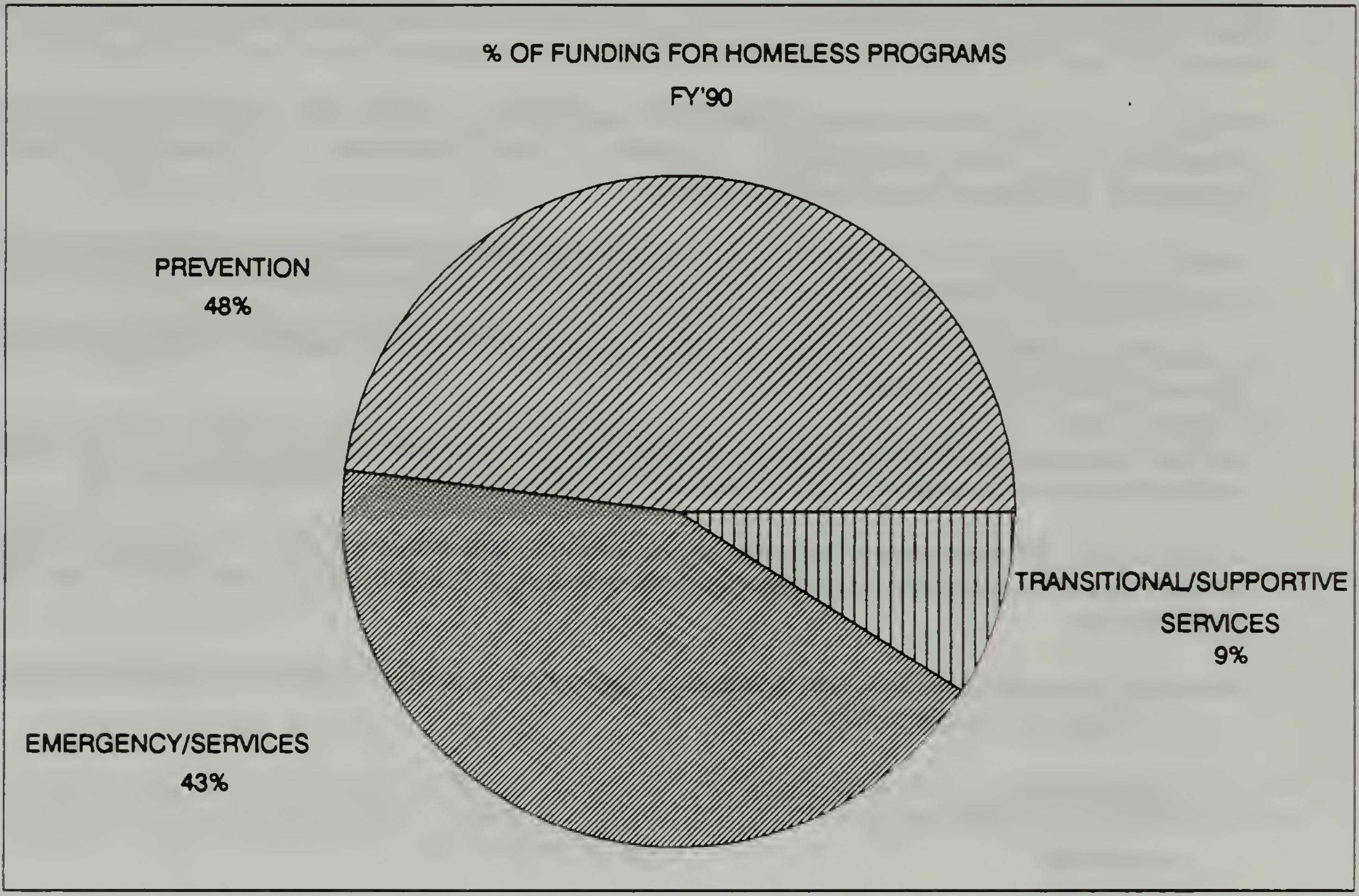
Thirty percent of the housing for individuals needs to be "generic" low-cost housing. Single room occupancy facilities as well as other low-income alternatives could provide stability for those men and women who have enough resources, financial and personal, to maintain an independent existence.

However, an important strategy for the human services agencies will be to allocate or redeploy resources for supportive services for their particular populations to SRO and other housing developments as they become available.

Massachusetts was not funded in the last round of the McKinney SRO Section 8 category of assistance.

II. STRATEGY TO MATCH THE NEEDS OF THE HOMELESS WITH AVAILABLE SERVICES

This section will focus specifically on the state's activity in the past five years to develop a comprehensive strategy for coping with the needs of the most vulnerable segments of the homeless population - those who have fallen out of the social fabric and require assistance in order to regain their stability and autonomy.



The Massachusetts comprehensive policy on homelessness requires a four-part approach:

Prevention;
Emergency Services;
Supportive Services; and
Permanent Housing.

We have built on the foundation in each of these areas, filling in the gaps and strengthening the elements of support and permanent housing as we continue to evaluate the changing needs.

The following is a summary of the state's actions to date:

1. PREVENTION:

- **Legislation** - On January 8, 1990 the Governor passed legislation, Chapter 671 of the Acts of 1989 which declared a moratorium on conversion and demolition of SRO units. The Executive Office of Communities and Development is charged with developing a state plan which will include an inventory of SRO units statewide by city. This information will be useful to shelters concerned with implementing housing search activities for homeless and at risk individuals.

- **Legal Services** - The prevention of homelessness is a major program objective of legal servcies programs located across the Commonwealth (see appendix 3 for description of Cambridge and Somerville Legal Services Prevention program).
- **Housing Services** - The Executive Office of Communities and Development operates this program through non-profit community agencies. This is a prevention program which provides counseling and assistance to landlords and tenants to help people stay in existing housing. In FY89 nearly 3,700 families were prevented from becoming homeless through this program.
- **Emergency Assistance (EA)**- The Commonwealth of Massachusetts passed legislation in 1983, Chapter 450, which established entitlements for families to prevent homelessness. To prevent homelessness EA includes:

  security deposits;
  back rent;
  utility arrearage payments;
  moving expenses;
  housing search; and
  first months rent.

2. EMERGENCY SERVICES:

- The Department of Public Health operates a 170-bed shelter at Shattuck Hospital which includes a special respite care component for medically ill, homeless individuals (Health Care for the Homeless).
- The Department of Public Welfare contracts with community-based programs, run by local, non-profit agencies, to provide 106 shelters for 630 families and 2,303 individuals.
- The Department of Mental Health operates 153 beds for the mentally ill homeless in Boston. This includes 3 transitional shelters (118 beds) and the Fuller Inn at Solomon Carter Fuller Mental Health Center which has 35 beds.
- The Department of Social Services (DSS) operates the New Chardon Street Shelter which provides 45 beds for families.
- There are 34 Battered Women Shelters (DSS) throughout the state for a total of 375 beds.
- There are 18 (DSS) Adolescent Shelters throughout the state for a total of 140 beds.
- The Commonwealth funds an additional 418 beds in the Greater Boston area for the Winter months. This year the overflow winter beds will remain open till the summer to avoid sending people into the streets. FEmergency Shelter Grant Funds (ESG) will help support this effort this year.

3. SUPPORTIVE SERVICES:

- **Housing Search Program** - The Department of Public Welare manages a statewide network intensive housing search for families in hotels, motels and shelters. Since July 1985, over 14,000 **families have been placed into permanent housing, many with the help of the state and federal rental assistance programs.** The Housing Search Contractors provide stabilization services for families who have been placed into permanent housing for up to a year after being re-housed to ensure that they can maintain their housing.
- **Case Management** - The Department of Mental Health provides outreach and follow-up services to mentally ill individuals who are on streets and in shelters.

  The Department of Public Welfare provides case management to ensure medical, child support and employment and training services in addition to housing benefits.

  The Department of Social Services provides assessments, outreach and follow-up to families in hotels/motels. In some communities DSS contracts with private, non-profit agencies to provide family support services to homeless families before and after placement in permanent housing.

- **Alcohol Services** - The Department of Public Health provides a wide range of prevention and treatment services, which include funding for 18 detox (410 beds) and 51 half-way houses (1166 beds). In addition, Tewksbury Homeless Program provides 420 custodial beds and a long term residential program for 30 elderly homeless women.
- **Medical Services** - The Department of Public Welfare administers the federal Medicaid program and also the state General Relief Medical, which funds many individuals and families not covered by Medicaid. In addition, the Department provides funding to three Health Care for the Homeless projects in the state - Boston, Worcester, and Springfield. These programs are operated by non-profit organizations who conduct outreach, provide on-site services to the homeless at shelters and day programs, and ensure that homeless individuals and families have access to health care services.
- **Day Services** - A variety of day programs are operated to provide hot meals, counselling and referral services. Using St. Francis House in Boston as a model, the state has been encouraging other day programs to adopt this concept.
- **Employment and Training Programs** - The Departments of Mental Health, Public Welfare, Mass. Rehabilitation Commission and Department of Employment Training offer a variety of employment, training and supported work programs.
- **W.I.C. Program** - The Department of Public Health administers the Special Supplemental Food Program for Women, Infants and Children (WIC Program) which provides specific nutritious foods, nutrition education and counseling and referrals to health care and social service for eligible pregnant and breastfeeding women, infants and children under five. Program funding is provided by the federal government with supplemental funding from the Commonwealth of Massachusetts. WIC services are available at over 100 community sites throughout the Commonwealth. The Program has specific procedures to facilitate enrollment of homeless persons who meet program eligibility requirements.

4. PERMANENT HOUSING:

The Executive Office of Communities and Development (EOCD) is the state's agency responsible for housing production and housing subsidies. EOCD has provided low income housing for families, elderly and handicapped individuals in over 47,000 state-financed public housing units and in approximately 17,000 private housing units that are supported by state rent subsidies and other programs. In addition, EOCD's SHARP program, which produces new mixed income rental housing, has financed more than 9,000 new rental housing units, approximately one-third of which are available to low income households. Massachusetts is one of the few states with significant experience in state funded public housing production programs. In the past eight years the state has funded the construction of over 4,000 units.

During this period, EOCD has also been a leader in the development, management and operation of transitional housing programs through the statewide network of Local Housing Authorities (LHA's) and regional non-profit housing development corporations. Since 1983, over 1900 transitional units have been developed and are currently in operation through two major state-funded housing development programs, the Chapter 707 Rental Assistance program and the Chapter 689 Public Housing Development program. The transitional units provided by these programs serve homeless women and children, as well as pregnant/parenting teens, battered women, AIDS patients and mentally ill and mentally retarded individuals.

State legislation (Comprehensive Housing Acts of 1983, 1985, and 1987) has provided EOCD with a total of $575 million in bond authorizations that will result in over 6,000 units of public housing. Over 3,400 of these units will be in place by the end of 1990.

Since FY86 the Commonwealth, through EOCD, has provided over 9,000 new state-funded rental housing certificates to help homeless families obtain permanent housing.

Over 3,500 Section 8 certificates within EOCD's control have been provided since FY86, by granting homeless families first preference under HUD's revised tenant selection regulations.

NEEDS/RESOURCE STRATEGY

- This section will show that existing services need to be augmented to meet the diverse needs of the homeless population.
- Analyses of the data and reports from all regions of the state indicate that the needs of the discrete homeless populations exceed the existing services available. There is a need to supplement services and housing in each of the following Title IV categories:

A. Emergency Shelter Grants (ESG)

Every year we face a burgeoning number of homeless people for whom there is a critical need for emergency shelter. In the winter of 1989-90 the estimated need of additional shelter beds for individuals was 500 for Boston alone.

The demand for shelters in other parts of the state, and in rural areas is growing. This year there have been reports which demonstrate new homeless in North Adams, Haverhill, Franklin County, Holyoke, Taunton and Springfield.

Over the last four years the number of individual shelter beds in Massachusetts has risen from **1,338** to **2,521**. Most of the large individual shelters are in Boston -Pine Street, Long Island, Shattuck, and St. Francis House Day program. (See Appendix 1).

The increase in demand for shelter can be attributed to many factors, including:

- cuts in the Department of Mental Health budget for community housing and treatment;
- increased unemployment;
- continuing lack of affordable SRO and lodging houses for people with marginal means; and
- increase in alcohol/drug related dysfunction.

Other Unmet Needs of Homeless Individuals in Shelters

Homeless Mentally Ill

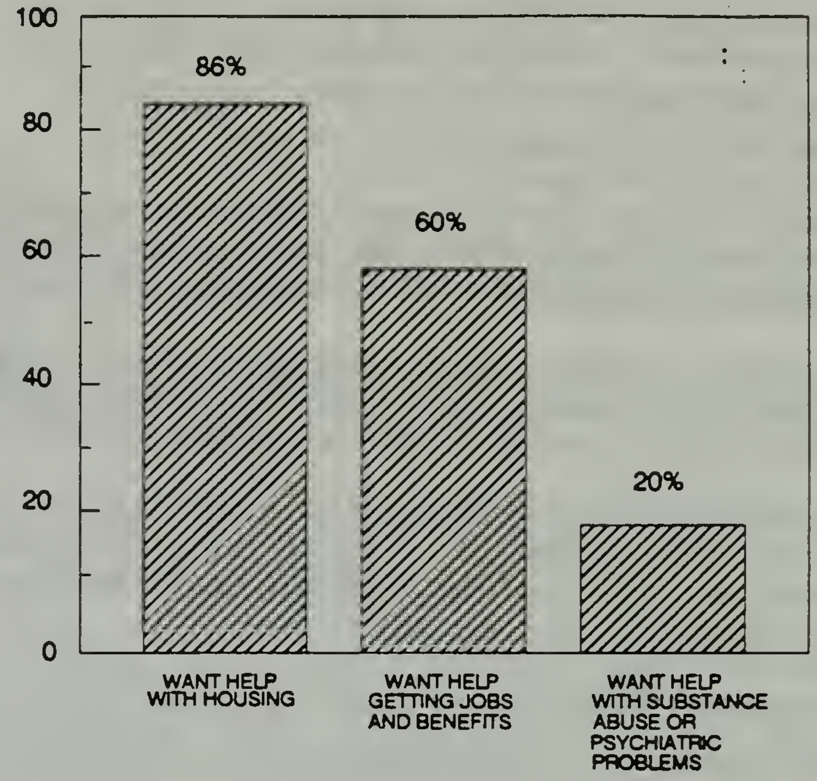
Future Objectives: (Excerpted from DMH "*Comprehensive Mental Health Service Plan September 1989*")

- Develop a research database on the mental illness incidence in homeless populations.
- Gather information about and prepare a report on psycho-social aspects of homeless children and families.
- Prevent homelessness of mentally ill adults on DMH inpatient units, through staff training on specialized discharge planning.
- Work closely with the DMH Housing Office to design successful permanent housing alternatives for homeless mentally ill people.
- Develop effective social support systems, based on rehabilitation principles, for those who are homeless and severely mentally ill.

For other homeless individuals, along with increased number of beds, other needs for services have become evident. The following areas still need to be expanded:

- Employment and housing for the economically homeless;
- Alcohol/drug rehabilitation and counseling in drug and alcohol free environments; and
- Day programs to help integrate services and socialization needs.

LONG ISLAND SHELTER GUESTS' DESIRE FOR HELP
WITH PROBLEMS - SELF-REPORTED
(SCHUTT/GARRETT, 1986)



At present, services for homeless individuals in Massachusetts are mostly limited to emergency shelter and health care. Future McKinney funding should be directed towards addressing the care of comprehensive needs of homeless individuals that will enable them to move on to permanent housing.

Unmet needs of Homeless Families

Many of the new homeless families present with multiple problems, primarily substance abuse. In addition to shelter, these families also need intensive support services, including substance abuse treatment programs.

A recent study of the Department of Social Services revealed that substance abuse was a concurrent factor in 64% of all supported investigations of physical abuse, neglect and emotional maltreatment of children in Boston. Statewide the percentage was 59%. (This percentage reflects the entire DSS caseload and does not represent a sample of homeless families alone).

The prevalence of substance abuse in family violence is also contributing to the increase in out-of-home placements. The escalating use of cocaine and other drugs is having a dramatic effect on the ability of families to care for their children. Even though steps have been taken to address this problem through the development of 10 new substance abuse shelter programs, the enormity of the problem demands additional response.

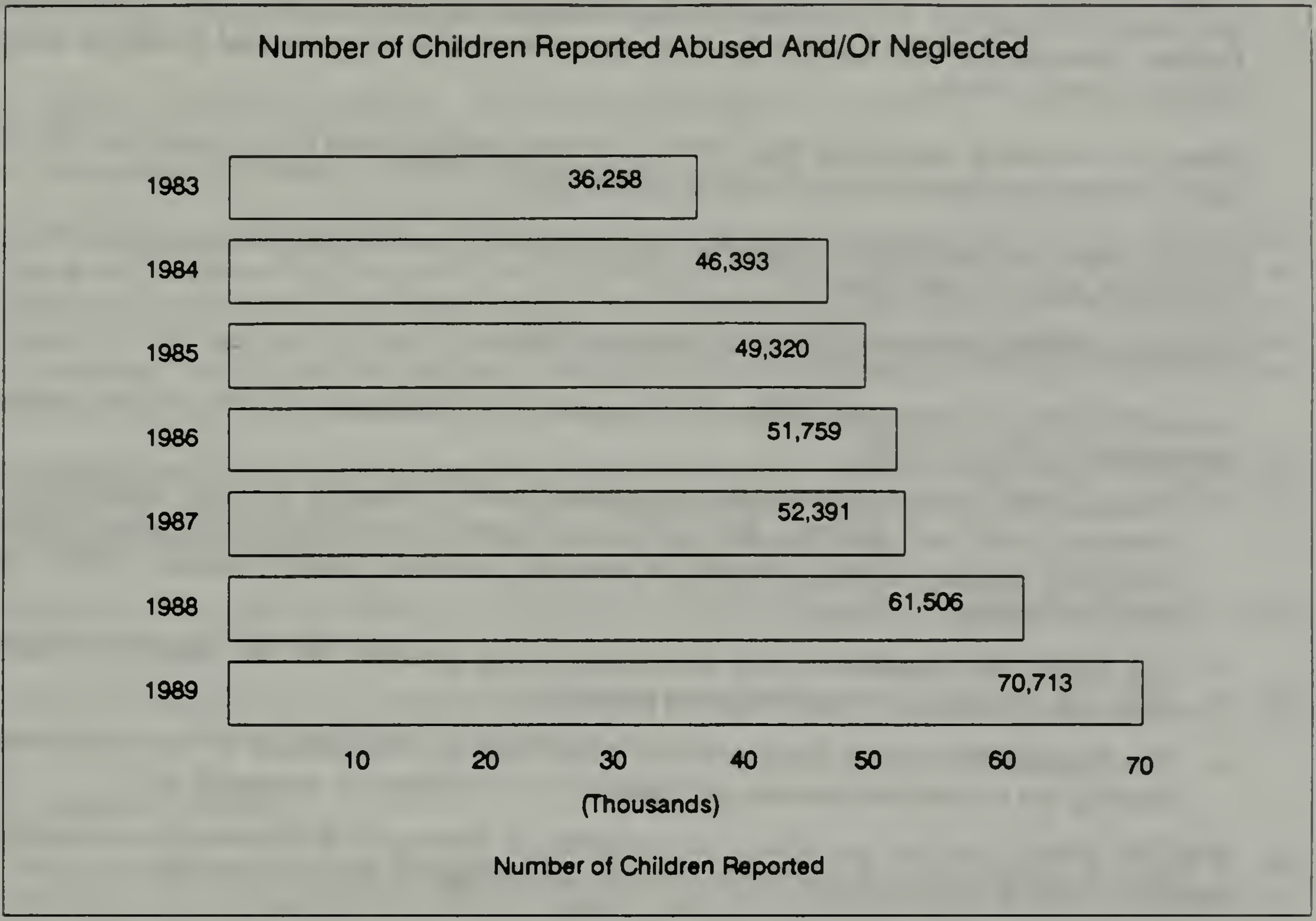
Increase in Homeless Families

In FY 89 the number of homeless families placed into permanent housing was 3,844. This represents an increase of 100% from three years ago. Also, the number of family shelters has grown in the last three years from 52 to 71.

In FY 90 the total number of families seeking rental subsidies was 3,100. The number placed in subsizied housing was 1,040.

The growth in the shelter capacity only serves to dramatically highlight the incontrovertible need for affordable housing to avert the traumatic uprooting of families caused by losing one's home.

Moreover, new models of family shelters are needed to provide a more intensive service for multi - problem families, including alcohol/substance abuse, mental illness, and victims of domestic violence. Of this number, at least 10% would benefit from more service-intensive transitional programs that have an alcohol or substance abuse treatment component with referrals to mental health clinics as needed.



(Taken from DSS Report: *Substance Abuse and Family Violence*)

The Need for Capital Improvements in Shelters

Shelters require capital funding for rehabilitation, conversion or start-up. State dollars pay for staff directors, social workers, nurses, janitors, food, etc.

The Massachusetts Constitution includes an Anti-Aid Amendment that prevents the state from using state funding to acquire or refurbish private buildings or buy furnishings and equipment. All capital money to support shelter development has to be raised from the private sector or federal sources. McKinney grants fulfill an important need in this area.

B. HUD Supportive Housing Programs

TRANSITIONAL HOUSING PROGRAM

At present, there are nine transitional housing programs for homeless families in operation, and thirteen new transitional housing programs for pregnant and parenting teens, bringing the total number to twenty two.

The Department of Social Services (DSS) has provided key funding to most of the transitional housing programs for the services provided at the programs, including staff. The Department of Public Welfare (DPW) funds four of the programs. In addition to providing services, this program emphasizes placing families into permanent housing. The length of stay tends to be a maximum of six months instead of a year or more as in a DSS program.

The model for this type of housing has consisted of four to eight families and provides life skills training as an important component.

Transitional Living Programs are designed to stabilize troubled families, young parents, adolescents and women in transition. **It is estimated that an additional 10 programs are needed to accommodate families who cannot find housing because of severe emotional and social problems and poor previous housing history.**

Based on our needs assessment (see Part I), federal funding could be an important element to stimulate new prototypes for programming and design.

In 1989, there were twenty-one applicants for the HUD Transitional Housing program. Five of the twenty-one projects were funded.

PERMANENT HOUSING FOR THE HANDICAPPED

As stated earlier, the Executive Office of Communities and Development addresses the needs of the homeless in a variety of ways:

- **Chapter 689, "Housing for People with Special Needs"** represents a unique partnership effort between EOHS and EOCD. This program has been used effectively to house particularly vulnerable people, including mentally ill, mentally retarded, battered women, troubled adolescents, and substance abusers.
- **The state's 707 regulations** have been amended to facilitate the development of SRO and Congregate Lodgings for special needs populations.
- **The Housing Innovation Fund** provides bond funds for the creation of "alternative forms of housing" for low-income persons and families (See Guidelines in Appendix 16).

This $30 million fund has provided a new impetus to community development corporations and non-profit human services vendors to develop housing programs for the homeless.

Due to present fiscal constraints, many of these state funded housing programs have been severely curtailed.

In 1989, two projects were submitted to HUD in the Permanent Housing for the Handicapped. Neither of these received funding.

C. Supplemental Assistance Program (SAFAH)

The SAFAH grant would enable private non-profit organizations and local and State governments to provide facilities for the homeless in buildings or on properties made available to them for such purposes. The deinstitutionalized homeless, homeless families, homeless individuals with mental disabilities, the elderly, and other handicapped persons are intended to be served by this project.

The importance of the SAFAH program is its ability to supplement and enhance existing McKinney and State programs for special target populations. This year there were a large number of applicants in Massachusetts with a large variety of needs identified such as day care for homeless children, housing for homeless elderly, and case management.

PART THREE

I. COORDINATION OF THE HOMELESS PROGRAMS UNDER TITLE IV WITH LITERACY TRAINING FOR HOMELESS INDIVIDUALS, EDUCATION OF HOMELESS YOUTH, JOB TRAINING AND OTHER PROGRAMS CONDUCTED UNDER TITLE VII OF THE ACT.

1. EDUCATION PROGRAMS: TITLE VII. SUBTITLES A and B.

A. Education For Homeless Children And Youth

The Massachusetts Department of Education has issued a State Plan to Address the Educational Needs of Homeless Children and Youth (Revised May 1990). The Office for the Education of Homeless Children and Youth gathered data on the number and location of homeless children, the extent of problems in gaining access to schools, and the obstacles facing homeless children in obtaining an education. Acting upon this gathered information, a state plan was formulated and pilot projects were developed. (See Appendix 8).

Individuals and families need to learn and work in stable environments. Along with meeting housing needs there must be an effort to ensure that during the crisis of homelessness, children and adults are offered the means to continue to develop their skills and capabilities.

The needs of homeless individuals and families are not always met by existing programs in the areas of education and job training.

Also, since most of the homeless families have pre-school children, systems for day care and pre-school need to be accessible or developed.

B. Adult Education

The Adult Education for the Homeless Project of the Bureau of Adult Education is funded by the McKinney Act. During the first year of the funding, four pilot partnerships were developed to provide a range of services to which the homeless population did not have easy access.

In January 1990 five other pilot projects were developed. All of the nine projects are serving over 180 homeless people, with intensive Adult Development Education services, and are providing data that determines the curriculum that must be developed, as well as the training needed for teachers and tutors.

The development of four basic models, that can be replicated and distributed to other shelters and learning centers throughout the state, are the core of this project. (For further information, contact Sandy Brawders, State Coordinator, Adult Education for the Homeless, Appendix 8).

Modules for teaching homeless parents about infant/child feeding and economical nutrition shopping should be considered.

2. JOB TRAINING FOR THE HOMELESS: TITLE VII . SUBTITLE C.

The percentage of the population (see Part I, Needs Assessment) who are not employment-ready require intensive preparatory services. The long-term mentally ill, the alcohol/drug abuser, and others who may have become chronically homeless, need to be reintroduced to the labor force through intensive job support programs. The present Job Training Partnership Act is not designed to provide services for this level of need.

One recommendation would be to authorize local public agencies and private non-profit organizations, private businesses and other appropriate entities to carry out the activities described above.

Another recommendation is to tailor the successful state Employment and Training program to meet the needs of homeless individuals. This would necessitate a change in eligibility requirements to include individuals who are not on General Relief, and changing the performance based nature of the program.

The services and performance requirements would need to be reevaluated in the ET (Employment and Training) program to determine how they can better relate to the level of need and the life situation of homeless individuals and families.

Existing Services in Job Training

For individuals: In Massachusetts there is a comprehensive Employment and Training Program that General Relief recipients can access, including homeless individuals. The ET program at present operates in only one shelter, the Pine Street Inn.

For families: All women heads of household who are clients of the Welfare program are eligible for ET. Access to employment training for individuals and women with children require refinement of services in one or more of the following areas:

- full career assessments;
- case management;
- day care;
- literacy training;
- skill training;
- job training, placement; and
- job support.

These services need to be appropriate and available to serve the needs of homeless individuals and families.

Two projects were funded by the Department of Labor. The Massachusetts Career Development Institute in Springfield provides employment training, vocational counseling, resume services, tutorial programs and other job-readiness sessions.

Project Weave is a job training program geared to the specific needs of homeless women in Greater Boston (see Appendix 13).

Note: HOMELESS VETERANS REINTEGRATION PROJECT: (The Office of the Commissioner of Veterans' Services (OCVS) is not reapplying for the McKinney Grant this year. Instead this agency is actively supporting the efforts of the Vietnam Veterans Workshop in the city of Boston.

3. COMMUNITY SERVICES HOMELESS GRANT PROGRAM: TITLE VII: SUBTITLE D.

The Community Services Block Grant program is expanded to provide emergency support for an array of programs designed to aid the homeless. These funds are targetted to Community Action Agencies. Since the Community Action Programs receive grants under this title, it is the expectation that in each of the appropriate jurisdictions, the community action agency will coordinate and plan services to enable homeless people to make the transition out of poverty. (See the McKinney Progress Report for a complete listing of CAA's receiving McKinney Funds). The director of this program is part of the Intergency Planning Task Force at EOHS.

II. MASSACHUSETTS COORDINATION OF HOUSING/HOMELESS SERVICES

(See Appendix 18)

As the complexity and the number of programs grow to meet the diverse needs, there is an increased role for the Executive Office of Human Services to provide an overall coordinating function and to structure a mutual planning process with the local communities, the cities, the state agencies, and the federal government.

This year the Governor created an Interagency Coordinating Council to oversee and coordinate all programs under the McKinney Act. The Interagency Council serves in an advisory capacity to the Governor, the Secretary of Human Services and the Massachusetts Legislature.

In addition, the new requirement that cities share their Comprehensive Homeless Assistance Plans (CHAPS) with each other and the Commonwealth will facilitate the gathering of information on housing needs, types of programs, timetables for development and the unmet needs in cities across the Commonwealth.

The role of the **EXECUTIVE OFFICE OF HUMAN SERVICES** and the **EXECUTIVE OFFICE OF COMMUNITIES AND DEVELOPMENT** in addressing the needs of the homeless is to provide the coordination, access to state resources, and on-going support to local planning groups. Some of the major principles of coordination are:

a. The use and enhancement of existing community services/resources.

b. The encouragement of collaboration between existing agencies, and the leveraging of private and non-profit resources. Agencies applying for funds must show how they will design their program in ways that are relevant to their local conditions and consistent with state-wide planning needs.

c. The Interagency Planning Committees on Homelessness receives information back from the convener network, and sets policy direction with each agency to allocate its resources towards a better integration of programs at the community level.

PART FOUR

I. CONCLUSION

The description of the overall needs in the areas of prevention, emergency response, support services, transitional and permanent housing do not constitute an exhaustive list, but rather an evolving framework for developing homeless programs responsive to the manifold needs of homeless individuals and families.

Future planning should include refined assessment, by categories, of:

- The state's special needs housing programs, 689, 707 mod/rehab, CHOICE, private - nonprofit, housing for the elderly, mentally ill, mentally retarded, etc.
- Transitional housing for homeless families.
- Implementation plans with time frames for matching housing needs with state and federal resources.
- Status of site availability and match needs with geographical location.
- Research and evaluation for congregate lodging options along a complete spectrum of needs from independent living to intensively staffed apartments.

The creation of new supportive housing in the past ten years has been inadequate. Many barriers, including restrictive zoning and lack of public acceptance, have impeded progress.

Stimulating new production of special-needs housing by private non-profit developers has received support and been strengthened by recent new policy directives from HUD. We look forward to a new collaboration between state, federal and private non-profit organizations to encourage the development of low-income and special needs housing in sufficient quantity to meet the needs of the homeless and at-risk homeless population.

To date, the combined resources of the Commonwealth and the federal government have subsidized the production of nearly 200,000 units of affordable housing. Yet there is still a vast need for more housing assistance in the state.

Approximately 150,000 low and moderate-income renter households continue to confront serious housing problems such as: (EOCD *Tax Credit Allocation Plan, 1990*)

- paying more than 50% of income toward rent and utilities;
- living in housing with severe physical deficiencies; and
- living in severely overcrowded conditions.

Some 65,000 additional subsidized housing units are needed in cities and towns across the Commonwealth to meet the goals identified by the Executive Office of Communities and Development.

In Boston a buyer with a ten percent downpayment needs a yearly income of $90,000 to buy a median priced house ($205,253), and $65,000 to buy a median-priced ($148,240) condominium. Except for Nantucket County, the Boston and Springfield areas have the highest affordability gap in the state *(Massachusetts Housing Report)*.

- Only 8% of private housing units in Boston (10,000 units) rent for $200 a month. This is the amount that a family of three on AFDC can afford.

- The need for a continuum of housing which includes such options as:

emergency shelters;
transitional shelters;
staffed lodging houses;
managed congregate housing; and
independent permanent housing.

While in the long run, the solution to the problem of homelessness may lie in increasing the supply of subsidized housing available to low-income families, in the short run, the most cost-effective way to serve these families is to target increased housing resources to at-risk and homeless families, and to concentrate our efforts on PREVENTING homelessness.

Once a family loses their housing their situation tends to deteriorate further and rehousing becomes much more expensive and difficult.

II. RECOMMENDATIONS: A NEW PLANNING AGENDA

- Invest resources and policy initiatives aimed at prevention of homelessness. In Massachusetts new regulations were promulgated by the Executive Office of Communities and Development and by the Department of Public Welfare which focus on prevention.
- Emphasize geographic need in project assignment to ensure that homeless people can be served in their own communities whenever possible.
- Coordinate housing programs and social services at a central administrative level. The Executive Offices of Communities and Development and Human Services need to develop a single point of housing/services coordination.
- Monitor and evaluate projects and activities to support the goal of reducing homelessness.

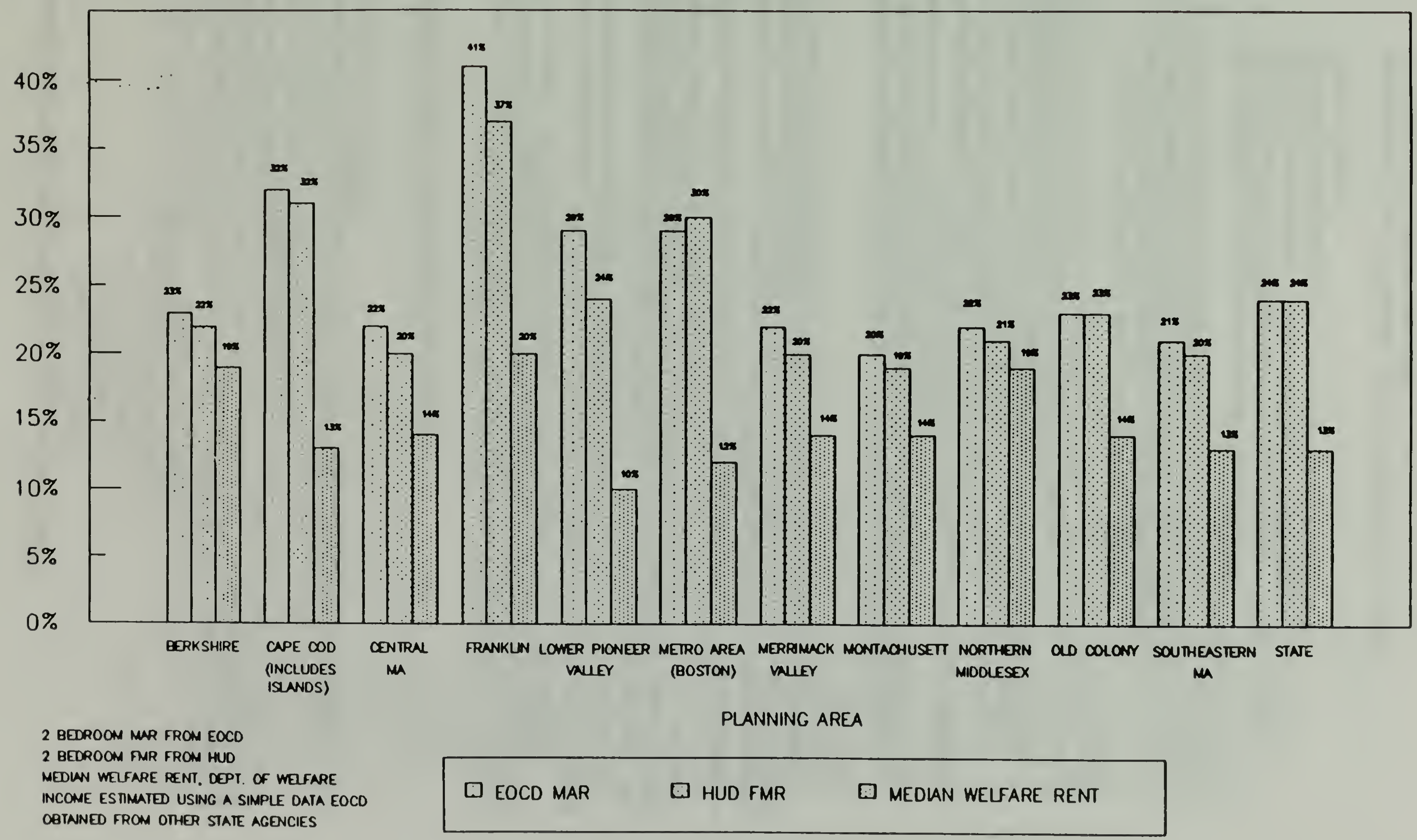
Future planning for homeless individuals must confront the emerging realization that large shelters produce many iatrogenic effects. Contagious disease, increased violence and other problems related to drug abuse occur more frequently in large shelters. Some further recommendations include:

1. Develop rehabilitation models for all shelters in Massachusetts with a network of coordinated services available. The Governor has requested a comprehensive plan for homeless individuals to include services in housing.
2. Encourage shelters to transform themselves partially into congregate supportive lodging houses by developing financial incentives.
3. Develop a range of services for the dual diagnosis (mentally ill/substance abusers) beginnning with stabilization programs in the generic shelters. Services should be jointly funded by the Departments of Mental Health and Public Health.

> "To the extent that substance abuse is endemic to the shelter-a cornerstone in the lives of the homeless - it is a powerful destructive force that undermines treatment and socialization, apart from its effects on psychiatric decompensation.
>
> Thus rehabilitation programs must set realistic goals for the homeless, which include the individual's social, psychological, and substance abuse problem. Programs that promote improved self-esteem with improved social relationships have a much better chance of success."
>
> *"Shelterization: How the Homeless Adapt to Shelter Living", Hospital and Community Psychiatry, May 1990.*

EXHIBIT 16:

RENTAL AFFORDABILITY INDICATORS: RENT LEVEL AS A PERCENT OF ADJUSTED MEDIAN TAXABLE INCOME



2 BEDROOM MAR FROM EOCD
2 BEDROOM FMR FROM HUD
MEDIAN WELFARE RENT, DEPT. OF WELFARE
INCOME ESTIMATED USING A SIMPLE DATA EOCD
OBTAINED FROM OTHER STATE AGENCIES

APPENDIX - I

INVENTORY OF FACILITIES USED TO SHELTER THE HOMELESS

STATEWIDE LIST OF SHELTERS AND DAY PROGRAMS BY DMH REGION

REGION I
WESTERN MASS

BERKSHIRE COMMUNITY ACTION CENTER
COMMISSION FAMILY SHELTER
Joan Coughlin, Administrator
292-296 West Street
Pittsfield, MA 01201
(413) 499-2877

Families only (6) 20 beds

CHRISTIAN CENTER
Willard H. Durant, Director
193 Robbins Avenue
Pittsfield, MA 01201
(413) 443-2828

Individuals or families. Will sleep 6. Also Day Center for people in need.

ROBBINS INN
123 Robbins Avenue
Pittsfield, MA 01201
(413) 443-2828

Administrative "umbrella" for Christian Center Shelter. Last resort - could sleep 1 to 2 families or individuals.

SALVATION ARMY
Lt. James Labossier
Emma Bookman
298 West Street
Pittsfield, MA 01201
(413) 442-0624

Single adults only. Access to 13 beds.

THERESA LOUISAN HOUSE
Bob Ronnow, Director
Family Life Support Center
395 Old Columbia Street
Adams, MA 01220
(413) 743-7957

NORTHERN BERKSHIRE FAMILY LIFE SUPPORT
Margo Randall
85 Main Street
North Adams, MA 01247
(413) 663-9807

HAMPSHIRE COUNTY - NORTHAMPTON

JESSIE'S HOUSE Priscilla White, Director 43 West Street Northampton, MA 01060 (413) 586-8212	Families (4) and single adults (4)
HELLEN MITCHELL HOUSE - AMHERST EMERGENCY Cathy Fletcher, Coordinator 17 Seelye Street Amherst, MA 01002 (413) 253-5155	Families only - (5) 14 beds
COT PROGRAM Reverend David McDowell, Director College Church 58 Pomeroy Terrace Northampton, MA 01060 (413) 586-0057	Families only, 22 beds

GREENFIELD AREA - FRANKLIN COUNTY

GREENFIELD FAMILY SHELTER Tom Salter, Director 128 Federal Street Greenfield, MA 01301 (413) 773-9956	Families (6) 22 beds

ATHOL - ORANGE AREA

ATHOL/ORANGE FAMILY SHELTER Debra Ensign, Director 166-168 West Main Street Orange, MA 01364 (508) 544-2410	Families only, 18 beds

SPRINGFIELD/WESTFIELD AREA

WORTHINGTON STREET SHELTER
Rick Mahoney, Director/Manager
759 Worthington Street
Springfield, MA 01190
(413) 739-2582 (after 4:00)

Single adults
40-50

PROSPECT HOUSE
Peter Friedland, Director
103 Prospect Street
Springfield, MA 01103
(413) 732-5518

Families only -
(9) 20 beds
(also called
Prospect Street Shelter)

OPEN PANTRY
Sr. Maureen Martin
Shelter Director
95 Jefferson Avenue and
33 Greenwich Street
Springfield, MA 01107
(413) 736-2263 or (413) 737-5353

Women only.
Families (7)
17 beds

LOAVES AND FISHES
(Day Center/Soup Kitchen)
769 Worthington Street
Springfield, MA 01107
(413) 737-5354

(operated by
Open Pantry)

SPRINGFIELD RESCUE MISSION
Reverend Rohnal J. Willoughby
Executive Director
Bob Bush, Administrator
19 Bliss Street
P.O. Box 2424
Springfield, MA 01101
(413) 732-0808

Single Adults
36 beds

CUMMINGS MEMORIAL
John Grabowski
148 Taylor Street
Springfield, MA 01105
(413) 732-0516

Dormitory
35 beds
$2.50 per night

HORIZON HOUSE
Susan Malone, Director
764 Alden Street
Springfield, MA 01190
(413) 782-8654

Families only (6), ten beds

HOLYOKE/CHICOPEE

MAIN STREET SHELTER
Ann Houston, Administrator
437 Main Street
Holyoke, MA 01040
(413) 536-2651

Families (11), no men served

LORETO HOUSE
Judy Kennedy, Director
264 Elm Street
Holyoke, MA 01040
(413) 532-7859

Families (6)

BRODERICK HOUSE
Robin (Bob) Goeshea
56 Cabot Street
Holyoke, MA 01040
(413) 534-7610

Single adult men (15)

DWIGHT AND CLINTON STREET SHELTER
Fran Schwarzburg, Director
1037 Dwight Street
Holyoke, MA 01040
(413) 536-2550 or (413) 536-0910

Families (3)

WOMEN'S SHELTER/COMPANERAS
Sandra Lopez
P.O. Box 6099
Holyoke, MA 01040
(413) 536-1628 or (413) 536-1629

Battered Women and
Children (13)

REGION II

CENTRAL MASS

WORCESTER AREA

ABBY'S HOUSE
Elaine Lameroux, Director
23 Crown Street
Worcester, MA 01609
(508) 756-5486

10 beds for women and children

FRIENDLY HOUSE
Louis Maitland, Director
11 Sycamore Street
Worcester, MA 01601
(508) 792-1799

Families only (8) 25 beds

OZANUM HOUSE
Denise Benoit, Director
36 King Street
Worcester, MA 01610
(508) 755 5349

DMH vendored shelter mental health clients 13 beds, single adults

YOUVILLE HOUSE
Heather McDonald, Director
133 Granite Street
Worcester, MA 01610
(508) 753-7084

Families only, 40 beds

WORCESTER PUBLIC INEBRIATE PROGRAM, INC.
Edward McCann, Director
701 Main Street
Worcester, MA 01601
(508) 757-0108

Single adults 100 beds - men & women

JEREMIAH'S INN
Judy Grimes, Manager
Stanford Street
P.O. Box 13
Worcester, MA 01603
(508) 755-6403

10 emergency beds 20 transitional beds

SHEPHERD'S PLACE
Rosario Willman, Director
54 Queen Street
Worcester, MA 01608
(508) 757-5198

18 beds - family only

DAY BREAK
Nancy Sawyer
72 Cambridge Street
Suite 222
Worcester, MA 01603
(508) 755-5371

Battered Women 23 beds

FRANCIS PERKINS HOUSE
Judy Brown, Director
16-18 Cottage Street
Worcester, MA
(508) 757-7506

Families, 10-12 beds

TEEN PARENT APARTMENT PROGRAM
Jennifer Knowles, Director
27 Boylston Street
Worcester, MA
(508) 852-7390

Teen parents

CAROL SCHMIDT VILLAGE
Paul Elleher, Director
975 Millbury Street
Worcester, MA
(508) 757-5579

12 beds for youth

SOUTH CENTRAL/BLACKSTONE VALLEY AREA

WINTERHAVEN SHELTER
Judy Byron, Director
St. Mary's Rectory
17 Winter Street
Milford, MA 01757
(508) 473-2000(day)
(508) 478 2333(eve)

12 beds - families and
single adults

NORTH CENTRAL AREA

BOOTH HOME
Donna White, Director
24 Central Street
Leominster, MA 01453
(508) 534-9296

Total bed capacity 30; families first priority, single adults accepted only if space.

OUR FATHER'S HOUSE, INC.
Barbara Garneau, Director
55 Lunenburg Street
Fitchburg, MA 01420
(413) 354-3050

20 single adults

GARDNER SHELTER
Susan Samuels, Director
249 South Main Street
Gardner,MA 01440-2669
(508) 632-8700

2 apartments; Total capacity 8-10. Families from Gardner living in motels first priority. Single adults accepted only if space. Some money available to cover emergency housing costs.

COMMUNITY ACTION DAY DROP-IN CENTER
Sawyer Passway
150 Main Street
Suite 27
Fitchburg, MA 01420
(508) 342-3884

Day advocacy/shelter 25-30 single adults daily; some overnight capacity for single adults is also provided.

REGION III

NORTHEASTERN MASS

LOWELL AREA

HOUSE OF HOPE
Sister Jean Poor, Director
812-814 Merrimack Street
Lowell, MA 01854
(508) 458-2870

40 beds/9 families single adults

PAWTUCKET HOUSE
Eileen Healey, Director
360 Pawtucket Street
Lowell, MA 01852
(508) 454-5410

Families only 18 beds 6 families

MERRIMACK HOUSE
Eileen Healey, Director
423 Pawtucket Street
Lowell, MA 01852
(508) 937-2418

Families only/20 beds/7 families

MIDDLESEX SHELTER, INC.
Sonny Turner/Flora Pennino
189 Middlesex Street
Lowell, MA 01852
(508) 458-9888

Single adults 100 beds

LAWRENCE/HAVERHILL-NEWBURYPORT AREA

DAY BREAK SHELTER
Marilyn Bouchard, Director
75 North Parish Road
Lawrence, MA 01843
(508) 975-4547

Single adults mostly alcohol active 30 + beds

ELDER EMERGENCY
Fred Berthel, Administrator
420 Common Street
Lawrence,MA 01841
(508) 683-7747

42 beds for elderly homeless (Salvation Army and Lawrence Housing Authority)

LAZARUS HOUSE Brother Thomas Petitte, Director 48 Holly Street Lawrence, MA 01842 (508) 689-8575	Single adults and families 28 beds and 4 cribs
GOOD SHEPHERD CENTER Sr. Maureen Egan, Director P.O. Box 408 260 Park Street Lawrence, MA 01840 (508) 682-2227	Day Advocacy Center 70 average use daily Days and hours Open 8:15am-4:30pm Open 8:15am-4:30pm 7 days a week
BREAD AND ROSES Sr. Mary Marra, Director 58 Newbury Street Lawrence, MA 08140 (508) 681-8768	Soup kitchen/advocacy center, RN, Housing Search 5:00-7:30PM, serves 150 people (not open Friday's and Sunday's)
EMMAUS HOUSE Tom Bentley, Director 105 Winter Street Haverhill, MA 01830 (508) 373-7290	Mixed, 22 families, 12 individuals 34 bed
TURNING POINT Geraldine Dorr, Director P.O. Box 6127 Newburyport, MA 01950 (508) 462-8251	Substance abuse program for homeless and single adults
TRANSITIONAL HOUSING FOR WOMEN AND CHILDREN 276 Main Street Amesbury, MA 01913 (508) 388-6600	Family Shelter (10)

GREATER NORTH SHORE AREA

ACTION, INC - EMERGENCY SHELTER
Michael Martin
24 Elm Street
Gloucester, MA 01930
(508) 283-7874

Single adults, 20 beds

THE INN-BETWEEN
Nancy Crowder, Director
25 Holden Street
Peabody, MA 01960
(508) 532-2372

Families only, 5 families

DANVERS DETOX SHELTER
Sonny L. Turner, Director
450 Maple Street
Danvers, MA 01937
(508) 777-2121

Single adults,
20 beds

HUNTRESS HOME
Judith Girard, Director
3 Emerson Avenue
Gloucester, MA 01930
(508) 283-3328

Families only, 20 beds,
6 families, Agency is NUVA

WELLSPRING HOUSE
Nancy Schwoyer, Director
302 Essex Avenue
Gloucester, MA 01930
(508) 281-3221

6 families, 12 beds

IPSWICH SHELTER
Bruce Menin, Director
Lee Williams, Manager
315 Topsfield Road
P.O. Box 319
Ipswich, MA 01938
(508) 356-7414

Single adults,
30 beds

SALEM MISSION
Beth Maynard, Director
7 Crombie Street
Salem, MA 01970
(508) 744-0500 or (508) 745-1121

Single adults,
34 beds

EASTERN MIDDLESEX/TRI-CITY

INN AT SPOT POND
Grace McManus, Director
597 Main Street
Stoneham, MA 02180
(617) 438-2070

Families only, 42 beds, 12 families

ST. FRANCIS CENTER FOR FAMILY DEVELOPMENT
Sr. Theresa Marie O'Leary
Director
159 Fulton Street
Medford, MA 02155
(617) 395-4057

6-8 Families

TRI-CITY FAMILY CENTER
Joy Hayes, Executive Director
254 Broadway
Malden, MA 02148
(617) 324-1303

4 Families

LYNN AREA

LYNN EMERGENCY SHELTER
Jonathan Lazar, Director
360 Washington Street
Lynn, Ma 01901
(617) 581-6600

Single adults, 40 beds, Day program 24 hours/7 days per week

SPIN
Joseph Duggan, Director
263 Essex Street
Lynn, MA 01902
(617) 599-6070

Family Shelter (9)

BRIDGEHOUSE
Lori Dean-Davis, Director
8 Rogers Avenue
Lynn, MA 01901
(617) 592-3345

10 families, 35 beds

REGION IV

SUBURBS OF BOSTON

WALTHAM AREA

MARY'S HOUSE Lauren Carasik, Director 674 Moody Street Waltham, MA 02154 (617) 647-9957	Families 6 only, 18 beds
BRISTOL LODGE SHELTER Toni Vandstadt, Director 22 Lexington Street Waltham, MA 02154 (617) 893-0908	Single adults only 42 beds

SOUTH SHORE/COASTAL AREA

FRIENDS OF THE HOMELESS OF THE SOUTH SHORE Dorothy Newell, Director Nazarene Church 258 Rockland Street Hingham, MA 02043 (617) 749-7614	Families 7 only, 15-20 beds
CAROLINA HILLS SHELTER Steve Grinsell, Director 728 Main Street Marshfield, MA 02050 (617) 837-1377	Family Shelter for 12 -15 families
MARY MARTHA Heather Rideout, Director 1045 Main Street Hingham, MA 02043 (617) 749-5441	Families only, 20 beds

QUINCY INTERFAITH SHELTER
FATHER BILL'S PLACE
Nancy Powers, Director
P.O. Box 2512
38 Broad Street
Quincy, MA 02169
(617) 770-3314

Single adults, 45 beds

MARLBORO-WESTBORO/SOUTH MIDDLESEX

PATHWAYS
Patricia Brennan
59-61 Clinton Street
Framingham, MA 01701
(508) 879-5047

Families only, 35 beds, 9 families (two sites - five in one, four families in other)

TURNING POINT
Donna Gursky, Director
73 Hollis Street
Framingham, MA 01701
(508) 872-4853

Single adults 18 beds

MARLBORO SHELTER
Sara Morton, Coordinator
255 Main Street
Marlboro, MA 01752
(508) 481-7847

Single adults 20 beds

JOURNEY'S INN
Patricia Brennan, Director
70 Pearl Street
Framingham, MA 01701
(508) 626-2586

Family Shelter for 19 families

SCATTERED SITE TEMPORARY
SHELTER PROGRAM
Melisa Chandler Folsom, Coordinator
63 Fountain Street
Framingham, MA 01701
(508) 872-0765

Families only, 16 - 18 families

CAMBRIDGE/SOMERVILLE AREA

CAMBRIDGE YWCA FAMILY SHELTER

Helen Siciliano, Director (Temple)
Gayle Basten, Director (Biglow)
7 Temple/3 Bigelow Street
Cambridge, MA 02139
(617) 661-6714 (Temple)
(617) 491-6050 (Bigelow)

Families only, 10 families, 35 beds

SOMERVILLE FAMILY SHELTER

Rebecca Kent, Director
P.O. Box 436
5 Cross Street
Somerville, MA 02144
(617) 776-6661

Families only, 5 families, 25 beds

CASPAR

Win Poor, Director
240 Albany Street
Cambridge, MA 02139
(617) 661-0600

Active alcoholics, single adults, 55 beds

SHELTER, INC.

Cathy Brochu, Director
Mary Kelly, Manager
P.O. Box 516
Cambridge, MA 02139
(617) 547-1885

Single adults, 20 beds

COLLEGE AVENUE ADULT SHELTER

Carol Smith, Director
Post Office Box 436
Somerville, MA 02144
(617) 623-6111

Single adults, 8 beds

UNIVERSITY LUTHERAN SHELTER

Reverend Fred Reisz
University Luthern Church
66 Winthrop Street
Cambridge, MA 02138
(617) 876-3256

Single adults, 23 beds (seasonal)

FIRST CONGREGATIONAL CHURCH SHELTER
Jim Stewart, Director
First Church Congregational
11 Garden Street
Cambridge, MA 02138
(617) 895-0547

Single beds, single adults - Males

SALVATION ARMY DAY CENTER
Debbie Bearchell, Director
402 Massachusetts Avenue
Cambridge, MA 02139
(617)547-3400

Day Center, Open Monday-Friday, 10AM to 2PM Approximately 75 homeless singles and family.

HILDEBRAND SELF HELP CENTER
Mr. Sherlane Washington
St. Paul AME Church
39 Bishop Allen Drive
Cambridge, MA 02135
(617) 492-2797

16 families

JUST-A-START
Donna McLaughlin, Director
16 Butler Drive
Somerville, MA 02145
(617) 776-8353

Shelter for pregnant teens and young mothers (10)

REGION V

SOUTHEASTERN MASS

TAUNTON/ATTLEBORO AREA

FAMILY RESOURCE CENTER Kathleen McGrath, Director 200 South Main Street Attleboro, MA 02703 (508) 226-5722	Families only; 20 beds 6 families.
CELESTE HOUSE Blaise Flynn, Director 90 School Street Plainville, MA (508) 695-5924	Substance Abuse Shelter for women and their children

PLYMOUTH AREA

PILGRIM'S HOPE Marge Telford, Director 268 Thompson Street Halifax, MA 02332 (508) 294-8080	Families only; 25 beds 8 families

FALL RIVER AREA

FALL RIVER FAMILY RESOURCE CENTER Sue Jenkinson, Director 177 Rockland Street Fall River, MA 02720 (508) 672-2794	Families and single women; 10 beds, 5 families and women
JERRY'S LODGING Jerry Lawton, Director 177 North Main Street Fall River, MA 02720 (508) 672-2794	Up to 10 men emergency beds, plus transitional

NEW BEDFORD AREA

MARKET MINISTRIES
Sr. Rosellen Gallogly
60 Eighth Street
New Bedford, MA 02740
(508) 997-3202

Single adults and 3 families

CAPE COD AND ISLANDS AREA

CARRIAGE HOUSE
Margot Finnell, Director
P.O. Box 851
294 Old Main Street
West Falmouth, MA 02574
(508) 457-0411

Families only;
25 beds, 5 families

WINTER STREET SHELTER
Patty Duffy-Brown, Director
Maureen McCarthy, Program Director
87 Winter Street
Hyannis, MA 02601
(508) 771-0955

Homeless teen parents

NOAH SHELTER
Ned Friary, Director
77 Winter Street
Hyannis, MA 02601
(508) 776-5255

Single adults, 50 beds

SUMMERSIDE FAMILY CENTER
Maureen McCarthy, Director
460 West Main Street
Hyannis, MA 02601
(508) 771-5400

Families only
20 families

BROCKTON AREA

MAINSPRING SHELTER
Constance Burns, Director
54 North Main Street
Brockton, MA 02401
(508) 587-5441

Mixed; 75 beds, 15 families, -
6 single female adult beds -
39 male adult beds

NEW START Janet Long, Director 54 North Main Street Brockton, MA 02401 (508) 587-5441	8 families In renovated basement of Main Spring - transitional
DAVID JON LOUISON HOUSE Kathleen Maguire, Director 137 Newberry Street Brockton, MA 02401 (508) 584-4315 (508) 559-9029 (508) 583-9490	Two sites, next door to each other. Total 33 beds, 11 families. Transitional
WEST BRIDGEWATER PROJECT 121 South Main Street West Bridgewater, MA 02379 (508) 559-6972	Families only; 8 families averaging 2.5 children (Admissions through Mainspring)

REGION VI

METROPOLITAN BOSTON

HARBOR AREA

PINE STREET INN

Ralph Hughes, Director
444 Harrison Avenue
Boston, MA 022118
(617) 482-4944

Single adults;
380 beds
(300 men + 50
women)

FORT POINT SHELTER

Dominic O'Donnell
Assistant Director
373 Broadway
South Boston, MA 02127
(617) 338-8414)

Single adults -
300 beds
(Agency: Pine Street
Inn)

ST. PAUL'S SHELTER

Lori Lambert, Administrator
One Lingard Street
Dorchester, MA 02125
(617) 445-8462

Single adult women
only; 50 beds
(Agency: Pine Street Inn)

LONG ISLAND SHELTER

Richard Weintraub, Director
Tobin Building
Boston Harbor
Boston, MA 02169
(617) 328-8155

Single adults -
350 beds;

BOSTON CITY HOSPITAL OVERFLOW SHELTER

Richard Weintraub, Director
725 Mass. Avenue
Boston, MA 02119
(617) 424-4741

Single Adults;
100 beds

SHATTUCK HOSPITAL

John O'Brien
170 Morton Street
Jamaica Plain, MA 02130
(617) 522-8110

Single adults;
170 beds

HARBOR LIGHT
Captain Clinton Foster, Executive Director
407 Shawmut Avenue
Boston,MA 02118
(617) 536-7469

single adults - 42 beds of
homeless addiction center
- 38 beds homeless single
adults
- men and women

ROSIE'S PLACE
Kathleen Beecher
889 Harrison Avenue
Boston, MA 02118
(617) 442-9322

20 single women
sometimes families
(women and children)

SANCTA MARIA
11 Waltham Street
Boston, MA 02118
(617) 423-4336

Single adult women
15 bed (check)

DAY IS DONE
Beth Greeney, Coordinator
P.O. Box 130
Boston, MA 02120
(no Number)

Night center for
women only
10-15 spaces on
couches and chairs

PHOENIX HOUSE
Yanie Hyman
P.O. Box 1154
Jamaica Plain, MA 02130
(617) 288-1054

30 beds - women
and children
(battered)

ST. PETER AND ST. PAUL'S PARISH SHELTER
Father Murphy
55 West Broadway
South Boston, MA 01217
(617) 268-8100

5 beds transitionally,
closed admission
by Traveler's Aid Society

KINGSTON HOUSE
Milton Friesen, Executive Director
P.O. Box 69 - Essex Station
39 Kingston Street
Boston, MA 02112
(617) 482-8819

60 Beds
Individuals

BOSTON NIGHT CENTER
Roy Morrison, Director
31 Bowker Street
Boston, MA 02114
(617) 248-1998

50 per night
coffee-doughnuts, hospitality,
warmth and safety

*ST. FRANCIS HOUSE
Ira Greiff, Director
39 Boylston Street
Boston, MA
(617) 542-4211

Drop/In Advocacy Center
Serves 300-400 single adults
daily - 10:00 am - 3:00 pm
counselors, clinic, housing
advocacy, rehabilitation

*WOMEN'S LUNCH PLACE
Jane Alexander, Director
Church of the Covenant
Newbury Street
Boston, MA 02116
(617) 267-0200

50 + Women
Lunches, advocacy

CARDINAL MEDEIROS DAY CENTER
Terry McDaniels, Director
140 Shawmut Avenue
Boston, MA 02118
(617) 445-8004

Drop in center
for elderly

*HALEY HOUSE
23 Dartmouth Street
Boston, MA 02118
(617) 262-5781

Soup kitchen and
morning day drop in
center for homeless
single adult men.

SHELTERS FOR FAMILIES - BOSTON

BOSTONIAN CHAMBERS I
John Cleckley, Director
101-103 Rosseter Street
Dorchester, MA 02121
(617) 265-5943

22 beds, 12 families

* Feeding and Day Support Programs

BOSTONIAN CHAMBERS II John Cleckley, Director 28 Columbia Road Dorchester, MA 02121 (617) 427-4277	24 beds, 12 families
BOSTON FAMILY SHELTER, INC. Barbara Duffy, Director 656 Mass. Avenue Boston, MA 02118 (617) 267-8081	28 beds, 10 families
R.E.A.C.H. Mary Ellen Coffee Deborah Balmuth 10 Perthshire Road Brighton, MA 02135 (617) 782-7600	12 families pregnant teenagers
CROSSROADS Hugh Hamilton 56 Havre Street East Boston, MA 02128 (617) 567-5926	35 beds, 11 families
FAMILY HOUSE SHELTER 250-252 Columbia Road Dorchester, MA 02121 (617) 427-4470	35-50 beds, 21 families
FAMILIES IN TRANSITION Jill Larcombe, Director Agency: YMCA 316 Huntington Avenue Boston, MA 02115 (617) 236-4331	85 beds, 22 families
PROJECT HOPE Sister Margaret Leonard, Director 45 Magnolia Street Dorchester, MA 02125 (617) 442-1880	20 beds, 7 families

SALVATION ARMY -
ROXBURY FAMILY SHELTER
Captain Sonin Davis, Director
23 Vernon Street
Roxbury, MA 02119
(617) 427-6700
14 beds, 4 families

SOJOURNER HOUSE, INC.
Philip Bronder-Giroux, Director
85 Regent Avenue
Roxbury, MA 02119
(617) 427-0622
20 beds, 4 families

TEMPORARY HOME FOR WOMEN AND CHILDREN
Madeline MacGowan, Director
41 New Chardon Street
Boston, MA
(617) 542-2337
12 families

ST. ANDREW'S HOUSE
Nancy Rodriquez, Acting Director
169 Armory Street
P.O. Box 2115
Jamaica Plain, MA 02130
(617) 542-6332
15 beds, 7 families.

WOMEN'S INC.
224 Townsend Street
Dorchester, MA 02121
(617) 442-6166
Substance Abuse Program
10 beds, 5 families

ST. MARY'S HOME
Mary Conroy, Director
St. Margaret's Hospital
90 Cushing Avenue
Dorchester, MA 02121
(617) 436-8600 x224
10 Families

LIFEHOUSE
Elizabeth Shorter, Director
654 Columbia Road
Dorchester, MA 02125
(617) 265-7700
Family shelter (10)

OPERATION FOOD
Marilyn Walker, Director — Family shelter (10)
669 Walk Hill Street
Mattapan, MA 02126
(617) 296-3440

ST. AMBROSE FAMILY INN
William McGowan, Director — Family shelter (11)
25 Leonard Street
Dorchester, MA 02122
(617) 288-7675

SHELTERS, SAFE-HOMES, & SERVICES FOR BATTERED WIMMIN

IN THE MASSACHUSETTS AREA (12/88)

ALTERNATIVE HOUSE	Lowell	Hotline:	508-454-1436
		Office:	508-458-0274
Y.W.C.A. of Western Massachusetts:			
A.R.C.H.	Springfield	Hotline:	413-733-7100
		Office:	413-733-1588
New Beginnings	Westfield	Hotline:	413-562-5739
		Office:	413-562-1920
CASA MYRNA VAZQUES INC.	Boston	Hotline:	617-262-9581
		Office:	617-262-9581
Mary Lawson Forman House	Boston	Hotline:	617-825-1666
		Office:	617-262-0812
DAYBREAK, INC.	Worcester	Hotline:	617-755-9030
		Office:	-755-5371
*DOVE	Quincy	Hotline:	617-471-1234
		Office:	617-471-5087
*Family Violence Program	Milford	Hotline:	None
		Office:	508-478-0820 (1-800-462-3203
FINEX HOUSE, INC.	Jamaica Plain	Hotline:	288-1054
		Office:	436-2002
HARBOR ME, INC.	Chelsea	Hotline:	617--884-8974
		Office:	617-884-8974
HAWC	Salem	Hotline:	508-744-6841
		Office:	508-744-8552
Independence House		Hotline:	508-428-4720
		Office:	508-771-6507
Necessities/Necesidades	Northampton	Hotline:	413-586-5066
		Office:	413-586-1125
NELCWIT	Greenfield	Hotline:	413-772-0806
NEW BEDFORD WOMEN'S CENTER		Hotline:	508-992-4222
		Office:	508-996-3345
NEW HOPE, INC.	Attleboro	Hotline:	508-695-2113; 825-4757; 762-1530
		Office:	508-266-4015
RENEWAL HOUSE	BOSTON	Hotline:	617-566-6881
		Office:	617-566-6881; 277-4194

(*Not Members of MCBWSG)

SHELTERS, SAFE HOMES AND SERVICES FOR BATTERED WIMMIN IN MASS. (Continued)

RESPOND........Somerville.............................Hotline: 623-5900
Office: 623-5900

*SAFE PLACE INC., ...Nantucket.............................Hotline: 508-228-05
Office: 508-228-05

*SERVICES AGAINST FAMILY VIOLENCE.....Malden..............Hotline: 324-2221
Office: 324-2221

SOUTH SHORE WOMEN'S CENTER....Plymouth....................Hotline: 508-746-26
Office: 508-746-26

Elizabeth Stone House......J.P...........................Hotline: 522-3417
Office: 522-3417

Transition House......Cambridge...........................Hotline: 661-7203
Office: 354-2676
Waltham Battered Women's Support Comm...Waltham..........Hotline: 899-8676
Office: 891-0724
A WOMANSPLACE.........Brockton.............................Hotline: 508-588-20
Office: 508-588-20
*WOMEN'S SUPPORT SERVICES....Vineyard Haven................Hotline: 508-693-0
Office: 508-693-79

Womanshelter/Companeras.....Holyoke........................Hotline: 413-536-1
Office: 413-536-1

*Women's Center/Stanley Street Treatment and
Resources Inc........Fall River.................... .Hotline: 508-675-0
Office: 508-675-0
Women's Crisis Center......Newburyport....................Hotline: 508-465-2
Office: 508-465-2

Women's Protective Services....Framingham.................Hotline: 508-626-8
Office: 508-820-0
Women's Resource Center......Lawrence.....................Hotline: 508-685-2
Office: 508-685-2
Women's Resource Center......Haverhill....................Hotline: 508-373-4
Office: Same
Women's Resource Center.....Fitchburg.....................Hotline: 508-342-9
Office: 508-342-2
Women's Services Center.....Pittsfield....................Hotline: 413-443-0
Office: 413-499-2

(*Not Members of MCBWSG)

OTHER SERVICES:

EMERGE (Counseling for Men Who Batter)......547-9870

BATTERED WOMEN'S ADVOCACY GROUP (Suffolk University) 357-7017

APPENDIX 2

CITY CONTACTS FOR THE CHAP

BOSTON	Mayor Raymond Flynn 725-4000	Ms. Lisa Chapnick, Director Public Facilities Department
CAMBRIDGE	Mayor Alice K. Wolf 498-9090	Mr. Michael Rosenberg Assistant City Manager Community Development
FALL RIVER	Mayor Carlton M. Viveiros 508-324-2000	Mr. Paul Polos Executive Director Community Development Agency
LAWRENCE	Mayor Kevin J. Sullivan 508-794-5858	Mr. Gordon Lewin, Director Community Development Program
LOWELL	Mayor Richard Howe 508-970-4165	Mr. Bob Mulavich, Director Division of Planning and Development JFK Civic Center
LYNN	Mayor Albert DiVirgilio 598-4000	Mr. James Chandler Executive Director Department of Community Development - City Hall

MEDFORD Mayor Michael McGlynn 396-5500	Ms. Lauren DiLorenzo-Popp Director Community Development City Hall
NEW BEDFORD Mayor John K. Bullard 508-979-1400	Ms. Carol Pimento, Director Community Development City of New Bedford
NEWTON Mayor Theodore Mann 552-7000	Mr. Steven Gartrall, Director Community Development Newton Center
QUINCY Mayor James Sheets 773-1380	Mr. Richard Meade, Director Dept. of Plg. & Community Development
SOMERVILLE Mayor Michael Capuano 625-6600	Mr. Paul Connolly, Assistant Director Office of Planning & Community Development
SPRINGFIELD Mayor Mary A. Hurley 413-787-6100	Mr. Domenic Sarno, Director Community Development
WORCESTER Mayor Jordan Levy 508-799-1000	Mr. Michael Latka, Director Office of Planning & Community Development

APPENDIX 3

MODEL PROGRAMS

The programs chosen for this citation are exemplary in that they transcend the usual categories which divide people up by diagnoses or by agency, and instead carve out new formats and creative program design based on the real and inter-dimensional needs of people.

1. **The Andrew House Detoxification Center** was created in 1987 out of the deep frustration of witnessing homeless people with mental illness and drug or alcohol dependency who were not receiving care because they did not "belong" to any particular agency.

   The Departments of Public Health and Mental Health jointly fund this intensive-care detoxification center for dual-diagnosed and dually addicted clients. Staff is specially trained to handle substance abusers who also suffer from severe mental illness. These clients often "fall through the cracks" of the system, as most treatment facilities are not equipped to effectively deal with the complexity of their needs.

   Andrews House is a program of Bay Cove Human Services, Inc. It is located in the Morris Building, Long Island, Quincy, Ma. The medical director is Dr. James O'Connell who also is the director of Health Care for the Homeless in Boston.

2. **Family Life Support Center** provides preventive counseling and residential services to homeless and at-risk families in Northern Berkshire County.

   The Family Life Support Center provides services to a neglected and growing population that finds itself increasingly at-risk in a region that is experiencing a loss of jobs in manufacturing industries, yet an increase in the cost of living due to rising rents. The Family Life Support Center is a highly flexible program that has developed an aggressive outreach, assessment, counseling, and follow-up program to stabilize families and prevent homelessness. It combines this with a transitional residence at Louison House, a community center to shelter the already homeless, and prepares them for independent living. The Family Life Support Center was developed by the Northern Berkshire Community Action, Northern Berkshire Health and Human Services Coalition, and North Adams Community Development Corporation, with major support from the McKinney Emergency Shelter Grant. It enjoys widespread community support.

Other successful programs that are described in the following pages are:

C. H. O. I. C. E. - Creative Housing Options in Community Environments.
Boston Health Care for the Homeless - Medical Respite Unit.
Cambridge Somerville Legal Services, Inc.
Family Support Center, Worcester.
The Boston Night Center.
Stabilization Service Project: A Shelter-based Recovery Program.

The CHOICE *Method*

Through CHOICE, the Division of Capital Planning and Operations (DCPO) initiated a program to purchase housing in appropriate community locations. Never before had the State engaged in the acquisition of residential property to house its mentally ill citizens. The task of defining where the housing was needed was needed and what the product (house) should look like required extensive discussion and an understanding of the client population. After several months of review and assessment of the projected residential needs of the clients of DMH, meetings with residential program operators, DMH clients, licensing officials and architects, target areas were delineated and program requirements were developed.

The geographic target areas were selected based on need defined by hospital overcrowding and population growth. Within those target communities the homes would be located in traditional neighborhood settings. The goal was to select homes that looked like other houses on the block. The homes themselves might require minor modifcation to meet safety requirements, but the program requirements including types of rooms, square footages and other amenities, resembled those of a typical house that any family might be interested in purchasing.

Accomplishments

In less than one year from the inception of the program, the Commonwealth had launched a new method to expand residential opportunities for its mentally ill citizens. A successful markeung strategy through extensive community based presentations, print advertising and direct mail had resulted in generating over 250 proposals from proposers and homeowners interested in selling property to the Commonwealth. Preliminary evaluation of all properties yielded a select group of homes for in-depth structural and architectural review. Through that first year, over 100 beds were purchased and offers made on an additional 70 beds. An in-house design team was establish to prepare working drawings and renovations on the first homes will start within a few months of purchase.

While these accomplishments stand on their own, the cost to acquire and renovate a CHOICE home is expected to be about 60% what it has cost the Commonwealth to build new residences under previous development methods.

Traditional Methods of Producing Housing

Even when construction and operating funds were secured through painstaking efforts by devoted people, problems arose. A major tool for developing special needs housing in Massachusetts has been new construction through local housing authorities. This method produces an excellent product but the process is slow (on average 3 years) and the cost is very high. Since success depends on the political commitment of the local officials, this approach has taken even longer in communities that lack the political will.

Another typical method of securing residential units has been through state leasing private residences. This method, too, has had mixed results. The state found itself too often on the losing side of the landlord-tenant situation. Dealing with questionable landlords, on marginal properties in unsafe neighborhoods has unfortunately been a cost of providing housing to some of the Commonwealth's citizens. Since the state lacked control over leased residential space, and placements were desperately needed, there was little the state could do if rents were raised unduly, or leases broken without proper notice and procedure.

A New Approach To Housing Creation: CHOICE

In 1987, the political and financial commitment to improve the conditions of mental health clients in the Commonwealth and dramatically expand the residential offerings was put in place when Governor Dukakis and the State Legislature signed into law a $ 300 million capital appropriation to rejuvenate the Mental Health System. As part of the outlay, $ 51.75 million was targeted to a flexible state-wide pool account for creating housing in areas of the state with the most critical shortages. The legislation established far-reaching goals, implied a sense of urgency to act quickly and committed sufficient funds to begin to improve the lives of many mentally ill citizens of the Commonwealth. This appropriation was nothing short of the best news ever for an aging, overburdened system of public mental health services.

In order to respond as quickly as possible to the need for 2,500 new residential options, the CHOICE program was created. An acronym for "Creative Housing Options in Community Environments," CHOICE is a simple, straightforward and innovative program based on a few guiding principles:

- *Increase the number of quality residential beds.*
- *Locate residences in true neighborhood settings.*
- *Target funds to the regions of greatest need, and*
- *Expand bed capacity as quickly as possible.*

MODEL PROGRAM

BOSTON HEALTH CARE FOR THE HOMELESS
MEDICAL RESPITE PROGRAM
FOR HOMELESS ADULTS

WHAT IS THE MEDICAL RESPITE PROGRAM FOR HOMELESS ADULTS?

The Medical Respite Program serves homeless adults who have medical conditions that call for limited-stay recuperative care but that do not require hospitalization or long-term care. To these individuals, the Program offers bed rest, personal care, outpatient clinical care, and social support. Through the Program,1 patients experience a stable living situation while support services are secured which might lead to permanent alternatives to street living.

WHO OPERATES THE MEDICAL RESPITE PROGRAM?

The Medical Respite Program is a cooperative service of the Boston Health Care for the Homeless Project and the Shattuck Shelter for the Homeless. It is located whithin the Shattuck Shelter, at 170 Morton Street in Jamaica Plain.

HOW ARE RESPITE PATIENTS SERVED?

The Medical Respite Program team consists of a nurse practitioner, a social worker, a licensed practical nurse and health aides. 24-hour on-call clinical coverage is provided seven days a week by the nurse practitioner.

The program is coordinated by the nurse practitioner, who screens admissions, provides clinical care and supervision, and makes daily rounds. The licensed practical nurse and health aides monitor vital signs and self-medications, assist with dressing changes and perform other prescribed treatments.

Because the Medical Respite Program is a transitional program, it affords the opportunity to develop a stable living situation and to secure appropriatq support services that can lead to a permanent alternative to the street. The Team Social Worker provides:

- case coordination
- advocacy
- counseling
- transitional planning

In addition to basic medical and home care type services, the program provides further supports:

- self-help support groups
- Alcoholics Anonymous meetings
- expressive and recreational therapies
- physical and occupational therapies (as prescribed) available at Shattuck Hospital
- consultation from community

HOW ARE RESPITE PATIENTS ASKED TO COOPERATE IN THEIR CARE?

Upon admission to the Respite Program, the patient is asked to sign a written contract, agreeing to comply with both the Shattuck Shelter rules and the the treatment/rehabilitation plan that has been developed for the respite stay.

HOW IS A PATIENT ADMITTED TO THE RESPITE PROGRAM?

Admission to the program is according to established medical criteria and is arranged throught the Shattuck Outreach Team. For more information please call Deborah Sarson, R.N.C.,ANP, or John Montgomery,LCSW, at the Shattuck Shelter 522-8110 x229

WHAT IS THE BOSTON HEALTH CARE FOR THE HOMELESS PROJECT?

The Boston Health Care for the Homeless Project is a non-profit organization which seeks to improve the provision and coordination of health care services to Boston's homeless people. Outreach health care teams provide direct medical, clinical and social services, in complement to existing health programs in Boston's homeless shelters, day centers, meal sites and hospitals.

The Project is funded by the Robert Wood Johnson Foundation, with a matching grant from the Massachusetts Department of Public Welfare. The Project also receives support from the City of Boston, the Massachusetts Department of Public Health, and Friends of the Shattuck Shelter.

MODEL PROGRAMS

CAMBRIDGE AND SOMERVILLE LEGAL SERVICES

Homelessness Prevention: Legal Services

Prevention of homelessness is a major program objective of legal services programs located across the Commonwealth.

Excessive rent increases, displacement, and the conversion or demolition of existing low- and -moderate income housing are primary factors contributing to the increase in the numbers of homeless people in Massachusetts.

Legal services programs help low-income, elderly, and disabled tenants to:

- defend their legal rights in lockouts and evictions, and in most cases, preserve tenancies that would otherwise be lost;
- assist tenants with the enforcement of city and state health codes against landlords who do not maintain and repair their premises. Early intervention often prevents condemnation and the loss of affordable housing;
- negotiate and, if necessary, litigate to obtain compliance with laws relating to condominium conversion, rent control, and other tenant protections. Many protective laws are not adequately enforced by agencies that are overwhelmed with other concerns;
- counterbalance the increasingly aggressive legislative advocacy of the real estate lobby to roll back laws that protect poor families against unnecessary eviction;
- work to overturn illegally restrictive zoning and other impediments that prevent the establishment of community-based residences for people with mental and physical disabilities.

EXCERPTS FROM COMMUNITY CARE FOR HOMELESS FAMILIES - A PROGRAM DESIGN MANUAL

PREPARED BY THE BETTER HOMES FOUNDATION
EDITIED BY ELLEN BASSUK, MD

Family Health and Social Service Center Worcester, Massachusetts

Program

The Family Health and Social Service Center is a community-based health center in Worcester, Massachusetts. The center provides comprehensive and continuous primary health care and obstetrical care to a large number of urban poor families and the majority of Worcester's homeless families. In contrast to a specialty model that is organized around specific disciplines, the center is staffed by family physicians and nurse practitioners who provide family-oriented primary health and obstetrical care. Homeless families are referred to the clinic by community-based outreach nurses who regularly visit local family shelters.

Mission

To provide comprehensive health services to families independent of their ability to pay.

Governance

The clinic is governed by a community board and serves as a training site for the University of Massachusetts family practice residency program

How Services Are Provided

One family physician or family nurse practitioner is responsible for the ongoing health care of all family members. This facilitates a strong relationship with the provider and ensures continuity of care. Families can be seen by appointment or on an acute care basis with prior notification.

Range of Services

The health center provides a full range of primary health services for children and adults. Routine obstetrical care, on-site subspecialty consultation services, and dental services are also available. The clinic provides emergency and hospital care, laboratory services, and nutritional and mental health counseling. Translation services and transportation to and from the health center encourage access and follow-up for families.

Community Linkages

The health center team has developed strong ties with the local McKinney-supported Homeless Outreach and Advocacy Program that provides health outreach to shelters and hotels. Regular communication between health center and outreach staff has promoted high follow-up rates, adherence to medical recommendations, and coordination of services. Health center staff have also established strong relationships with local hospitals and social service agencies.

Staffing

The clinic is staffed by family physicians, family nurse practitioners, and family practice residents from the University of Massachusetts Medical School.

Funding

The clinic is supported through a combination of federal, state and private (e.g., foundation) support, as well as patient revenues.

THE BOSTON NIGHT CENTER

*The Boston Night Center -- an alternative program

The Boston Night Center provides an alternative -- working to close the gap between need and service within a vulnerable population. The Night Center is a night-time drop-in facility created specifically for those not served by the current shelter system. Opened in January 1988, this unique resource is the first of its kind in the New England area. Open from 8:30 p.m. to 6:30 a.m. every day of the year, the Night Center offers up to 60 homeless men and women of any age or race protection from harsh weather, street crime, loneliness, and isolation. It does not provide full meals or overnight sleeping accommodations, but rather a chance for guests to interact with each other or talk with a trained staff member in a low-key, low-demand atmosphere.

The Night Center also offers guests access to counseling and referrals to services that can help them get their lives back on track and break the cycle of homelessness. Guests who request help with mental or emotional problems, substance abuse problems, health problems, or housing crises are referred to appropriate programs within the existing network of services available in and around Boston.

*A dedicated staff

Staff includes the director, a registered nurse, trained counselors who assess problems and suggest referrals, aides who help manage and care for guests, and an off-duty policeman who provides security within the Center and in the immediate neighborhood. They all work to help the homeless take those first steps toward resolving their problems and creating better lives for themselves.

Dynamic in-house programs have been introduced at the Night Center as well, including alcohol/substance abuse discussion groups, a literacy program, art therapy, and weekly forums for problem solving.

The Boston Night Center is fulfilling a vital role in Boston. This model program provides a warm, dry, safe place for unsheltered homeless adults in downtown Boston. It's a place where people can feel welcome and comfortable. Equally important, it provides hope. The Night Center creates an environment that assists guests in their efforts to regain confidence, improve their current level of functioning, and eventually move beyond homelessness.

*Your help is needed

The Boston Night Center is temporarily leasing space at The Center House, an agency serving mentally and emotionally disabled adults, at 31 Bowker Street near Boston's Government Center. The lease expires in January 1992. The Night Center needs financial and developmental support in order to build a new home. Your contribution will help find a new location for the Night Center -- and help for the many, many guests who use it.

Major funding for the Boston Night Center is provided by the Massachusetts Department of Public Welfare and the Department of Public Health, Division of Substance Abuse. Funding and support also come from the City of Boston's Emergency Shelter Commission and Department of Public Facilities, the Boston Redevelopment Authority, and numerous corporations and charitable foundations.

The Boston Night Center is a program of Positive Life Styles, Inc. Established in 1979, this private nonprofit organization provides a variety of human service programs to a clientele in the greater Boston area whose needs are not otherwise fully met. Other programs it operates are The River Street Detoxification Center; the STAIR program; the Post Traumatic Street Disorder Program for veterans; Life Lines, a homeless AIDS prevention program; and the Downtown Crossing Homeless Outreach Program.

The Boston Night Center
31 Bowker Street
Boston, MA 02114
617-248-1998

Positive Life Styles, Inc.
P. O. Box 295
Mattapan, MA 02126
617-296-1390

MODEL PROGRAM _ STABILIZATION SERVICES PROGRAM
SHELTER BASED RECOVERY PROGRAM FOR ALCOHOL AND DRUGS (DPH)

Shelter-Based Recovery Programs for Alcohol and Drug Abuse

Perhaps 25 to 40 percent of homeless men report problems related to alcohol abuse and 10 to 30 percent may have drug problems (Institute of Medicine, 1988). Despite the apparently high prevalence of substance abuse, access to appropriate rehabilitation services by homeless men, women, and women with children is limited. Many addictions treatment and recovery programs are not sensitive to the needs of the homeless. Programs are reluctant to admit individuals living on the streets or in shelters because they are filthy, have multiple medical needs and may be difficult to discharge because they have no home. The development of appropriate accessible alcohol and drug treatment services is, therefore, a critical need.

The Stabilization Services Project of Boston has attempted to facilitate access to rehabilitative services by providing post-detoxification care. Two post-detoxification stabilization programs were developed in community-based shelters to demonstrate the potential for drug and alcohol abuse treatment programs in shelter settings. The shelter-based services are compared to similar programs in traditional drug and alcohol treatment environments.

Project Description

Post-detoxification recovery services are provided to men and women who are homeless or near homeless. The stabilization service differs slightly among the four demonstration sites. Two programs are located in alcohol and drug abuse treatment services and two are located in shelter settings. Each program has ten beds for participants in the demonstration grant.

Treatment Settings

Short-term Addiction Intervention Residence (STAIR). STAIR is a 40-bed program serving men and women with alcohol and drug problems. The program began in 1984 and provides an alcohol and drug-free environment for substance abuse treatment and treatment planning. Most STAIR clients have histories of prior attempts at treatment and sobriety. STAIR uses a two-phase program. Phase One is a three to five day orientation and motivational program. Participants must choose to enter Phase Two and continue in a structured treatment and treatment planning program. There is limited leisure time and a consistent focus on recovery. Clients are taught to be consumers and to match potential residential program placements with their personal needs. It is the most structured and well-defined stabilization service.

Boston Detoxification Transitional Care. The 40-bed Transitional Care Program is designed to give newly sober men and women time to continue their physical and psychological recuperation. The program is located on two floors and is above a 30-bed detoxification center. Services are based on five points: 1) improvement and recovery are unlikely without assistance, 2) idleness encourages passivity and does not challenge dependent behaviors, 3) new healthy behaviors must be introduced and practiced, 4) future orientation and personal investment are necessary for behavior change, and 5) supportive therapy clarifies client focus on goals. Rules are strictly enforced to maintain a therapeutic environment. If one person breaks a rule, the entire group loses a privilege. Clients are taught to rely on each other and to set limits if other clients are out-of-line.

Shelter-Settings

Long Island Shelter. The Long Island Shelter for the homeless serves 420 men and women each night and is located on an island in the middle of Boston Harbor. Guests take a 30-minute bus trip to the island each night from Boston City Hospital. The shelter has a strong service philosophy. New guests receive an intake interview and a medical history is completed in the nursing clinic. Individuals in the stabilization service remain at the shelter during the day and

participate in three self-help meetings each day. Health education sessions and group counseling sessions occur two to three days per week. The ten stabilization beds are located in a separate room. The room provides additional status and helps create a strong sense of group cohesiveness and support. Participants run meetings in their room and orient newcomers. An additional 10 to 15 guests in early recovery are permitted to remain at the shelter during the day and join the stabilization clients for self-help and educational sessions.

Shattuck Shelter. The Shattuck Hospital Shelter is a 170 bed (200 bed winter capacity) shelter. Services include (a) medical respite unit for individuals recovering from illness and serious injury, (b) a transitional program for working homeless, (c) a veteran's counseling service, and (d) elderly case management. There are ten stabilization beds and an additional five individuals participate in the recovery services and are housed together in a single room. Participants are responsible for daily chores and for caring for their area.

Programming is designed to teach participants about addiction and recovery, utilize twelve step programs, and provide the tools for recovery. Services include daily self-help meetings and regular expressive (art) therapy, relaxation meditation, recreation, and health and AIDS education. The program goal is placement in a long-term

APPENDIX 4

This section includes surveys and reports from homeless advocates and providers across the Commonwealth. It is a sampling of a variety of geographical areas, including rural as well as urban settings. (Cities with their own CHAPS are omitted except for Worcester Coalition for the homeless which specifically asked that their recommendations be included in the State CHAP.

1. INFORMAL SAMPLING OF INDIVIDUAL SHELTERS: % of Veterans, Mentally Ill, Substanstance Abusers and of people employed.
2. BROCKTON LETTERS
3. FRANKLIN COUNTY AND THE ATHOL AREA
4. WORCESTER RECOMMENDATIONS FOR THE CHAP
5. SURVEY OF IN-PATIENT DMH HOSPITALS - % OF PATIENTS READY FOR DISCHARGE.

INFORMAL SAMPLING OF INDIVIDUAL SHELTERS ACROSS MASSACHUSETTS

(Based on phone calls to shelter providers)

- SHATTUCK SHELTER, BOSTON (170 INDIVIDUALS)

VETS	-	20 - 25%
MENTALLY ILL (MI)	-	33%
ETOH (SUBSTANCE ABUSE)	-	25 - 30%
EMPLOYED	-	25%

- NOAH SHELTER, HYANNIS (50 INDIVIDUALS)

VETS	-	40%
MI	-	50%
ETOH	-	60%
EMPLOYED	-	25%

- MIDDLESEX SHELTER, LOWELL (120 INDIVIDUALS)

VETS	-	30%
MI	-	7% (recent substantial increase)
ETOH	-	95%
EMPLOYED	-	15%

- FATHER BILL'S, QUINCY (45 INDIVIDUALS)

VETS	-	33%
MI	-	33%
ETOH	-	33%
EMPLOYED	-	50 - 60%

- WORTHINGTON HOUSE, SPRINGFIELD (48 INDIVIDUALS)

VETS	-	20%
MI	-	33%
ETOH	-	80%
EMPLOYED	-	10 - 15%

PUBLIC INEBRIATE PROGRAM, WORCESTER (50 INDIVIDUALS)

VETS	-	24%
MI	-	25%
ETOH	-	80%
EMPLOYED	-	2%

- MAINSPRING HOUSE, BROCKTON (40 + INDIVIDUALS)

VETS - 30%
MI - 5%
ETOH - 75%
EMPLOYED - 40%

- IPSWICH SHELTER (32) INDIVIDUALS

VETS - 30%
MI - 20%
ETOH - 80%
EMPLOYED - 3 - 4 people at a time

SPONSORED BY:
Brockton Area Dental Study Club
Brockton Board of Health
Brockton Hospital and Medical Staff
Brockton Visiting Nurse Association
Cardinal Cushing General Hospital and Medical Staff
City of Brockton
Goddard Memorial Hospital and Medical Staff
Greater Brockton Chiropractic Society
Jordan Hospital
Massachusetts Department of Public Welfare
Massachusetts Department of Social Services
Old Colony United Way, Inc.

EXECUTIVE DIRECTOR:
Mrs. Elaine H. Reiser
DIRECTOR OF HOUSING SERVICES:
Carolyn M. Chace

helpline
47 West Elm Street, Brockton, Massachusetts 02401
(508) 584-HELP
(617) 828-6666

June 1, 1990

Irene Lee
McKinney Coordinator
Executive Office of Human Services
One Ashburton Place, Room 1109
Boston, MA 02108

RE: Comprehensive Homeless Assistance Plan (CHAP 3)

Dear Irene:

I will be unable to attend the meeting on June the 6th due to other committments. It may be helpful for you and the other members of the group to be aware of some of the issues in the greater Brockton area.

As of August 1, 1990, if not sooner, there will be a serious void in the service delivery system. Many of the homeless prevention programs will be closing due to a lack of state funds. These programs include a Housing Counseling Program funded by D.S.S. and a Housing Services Program funded by E.O.C.D.

In addition, many more programs have been forced to reduce staff and as a result direct services to low and moderate income clients. These include information and referral programs, targeted at low to moderate income people, which focused on helping them identify needed financial resources as well as social services, battered women's facilities, rape crisis intervention programs, substance abuse programs, parenting programs, day care, etc.

The impact of losses for social services during FY'91 will begin to be felt in early summer and fall. Many of the programs that have been cut and/or seriously reduced are our only line of defense against rising caseloads. Most of these programs strengthen families so that children can remain in their homes nurtured and safe rather than abused and neglected.

Publisher of the Plymouth County Directory of Social Service Agencies

Homelessness in our geographical area has gone "underground". They are no longer visable in hotels and motels but are often living in overcrowded, unsafe conditions. Who will care for these unseen needy families?

In FY'89, the last year figures are available for, the Helpline provided services to 6,396 clients under our Information and Referral Program; 888 clients received services from the Housing Counseling Program and 1,111 people were served by the Landlord Counseling and Mediation Program under the Housing Services Contract with E.O.C.D. The Helpline had over 27,600 calls for help in FY'89. We anticipate with the recession to see a significant increase in the volume of calls for assistance in FY'90 and 91.

Perhaps McKinney funds should be used to offset the cut backs from the state in many of these programs such as D.S.S., Housing Counseling (THS-9) and Housing Services, E.O.C.D. programs.

I am enclosing some information on D.S.S. programs that have been cut or reduced in the Brockton area which may be of value to you.

I would appreciate a copy of the minutes from the June 6th meeting.

Once again, I am sorry that I can not attend the meeting but a limited staffing pattern resulting from cut backs prevent me from being in Boston that day.

On a personal note, I hope all is well with you. Please give my best to Ken.

Sincerely,

Elaine

Elaine H. Reiser
Executive Director

EHR/tg

Enclosure

cc: Leslie Lawrence, M.C.H.

CITY OF BROCKTON

MASSACHUSETTS

OFFICE OF THE MAYOR

CITY HALL - BROCKTON, MA. 02401

CARL D PITARO
MAYOR

Robert A. Martin
Human Resources Administrator
580-7191

July 2, 1990

Ms. Irene Lee
Homelessness Interagency Council Coordinator
Executive Office of Human Services
One Ashburton Place Room 1109
Boston, MA. 02108

Dear Ms. Lee;

As per our recent conversation, I am submitting this correspondence to you regarding the City of Brockton's concerns regarding the CHAP Plan the Commonwealth is submitting to the federal government regarding homelessness and support service-related issues.

The City of Brockton, a blue-collar working-class service economy-oriented community of almost 100,000 has on many occasions been overlooked and underserved through state and federal funding, partially due to it's close proximity to Boston, formula inequities, as well as other related matters.

Of particular interest is that the provider community which serves Brockton's homeless population is primarily area-based and has little or no relationship to metropolitan Boston's resources with the exception of an occasional referral. Also the City has the unique distinction of crafting an intergovernmental placement policy agreement with the Dept. of Public Welfare regarding out-of-area referrals to Brockton of homeless at-risk AFDC families, a situation that reached serious proportions 5 years ago.

Additionally, the City has played a vital role in providing funding for capital outlay projects and for support personnel to both our two primary community-based shelters as well as owning and maintaining our battered women's shelter through CDBG funding.

Given the afore-mentioned factors it is critical, given these uncertain fiscal times, that urban communities like Brockton be both acknowledged and formally recognized as a prime focal point for information dissemination as well as collaboration for resource development strategies on any aspect of the homelessness (ie. high-risk families, veterans, mentally ill, etc.)

Therefore, I am proposing that you consider the following recommendations to be considered in both your proposed CHAP plan as well as any other followup implementory activities:

1) A bi-annual information breakout of homeless statistics as well as needs based data to be done on a regional basis throughout the Commonwealth. including an annual report abstract on utilization of McKinney and other homelessness related funding.

2) Any homeless data, regulations, and/or RFP's should be disseminated through both a broad-based mailing list as well as being available for review within the network of the Dept. of Public Welfare's area offices throughout Massachusetts.

3) That the Interagency Coordinating Council on Homelessness initiated by EOHS should be comprised of representatives from all regions of the state, which also should include designees from county and local governments.

4) That both a fair and open Request for Proposals (RFP process be instituted on a regional basis with notices going out to both public & private agencies for both McKinney Act set-aside funding as well as other housing/homeless categorical grant programs under the Commonwealth's jurisdiction.

Additionally I have enclosed a letter from MainSpring House further substantiating these concerns.

Thank you for your anticipated consideration.

Sincerely,

Robert A. Martin

Robert A. Martin
Human Resources Adm.

RAM/at

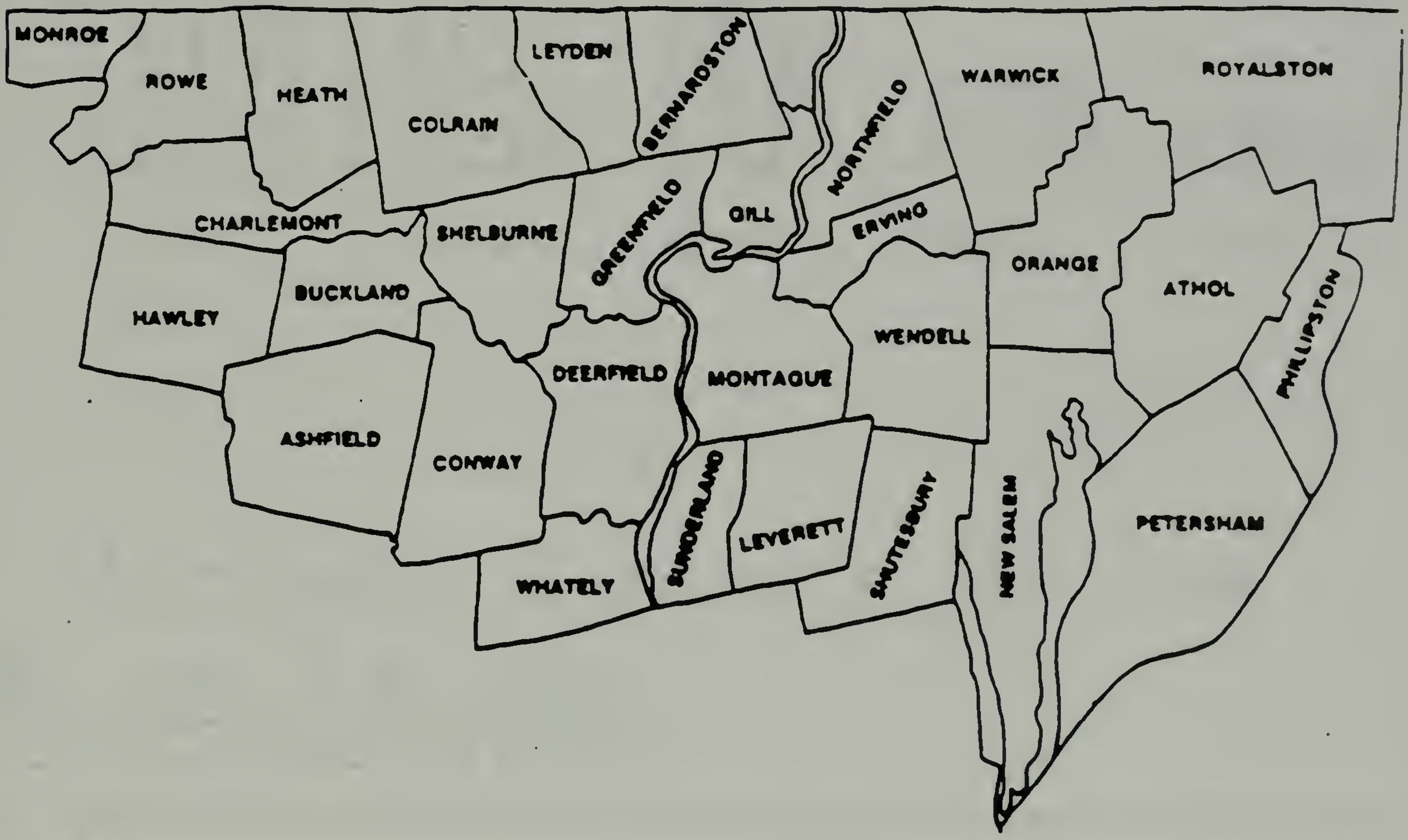
cc: Phillip Johnston, Secretary/EOHS
Carl D. Pitaro, Mayor

Attachment

APPENDIX 4 (Continued)

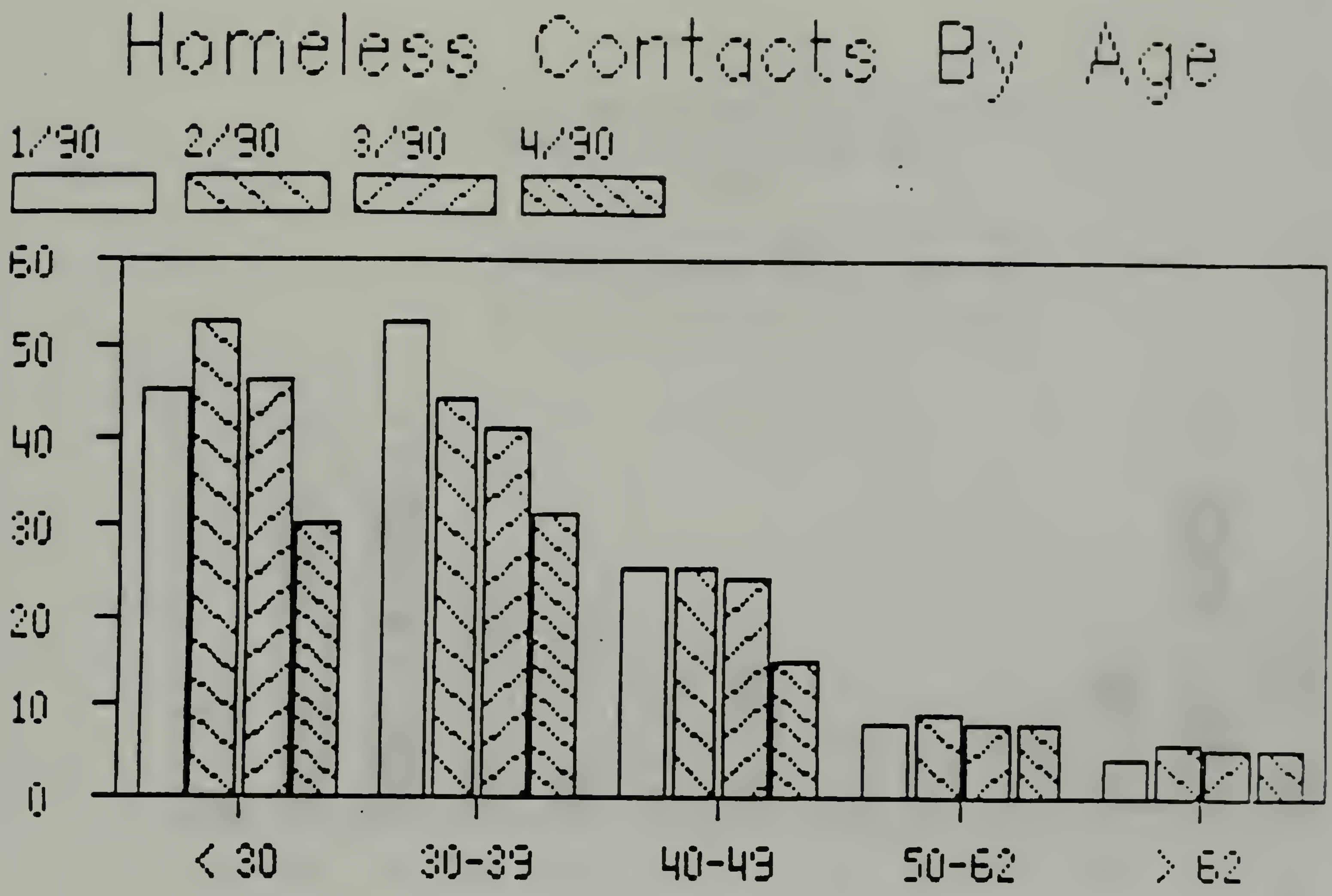
HOMELESS INDIVIDUALS IN FRANKLIN COUNTY AND THE ATHOL AREA

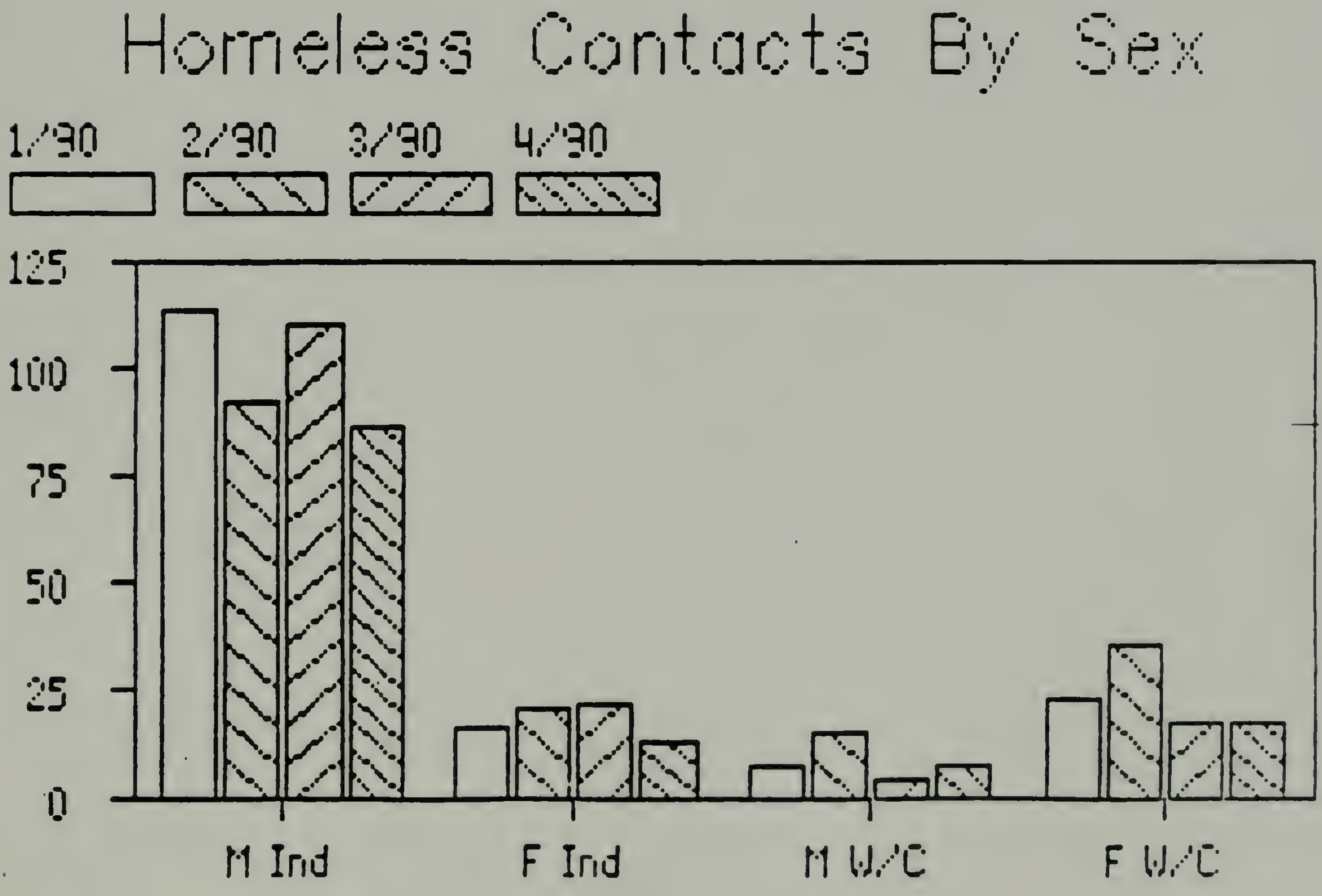
1989



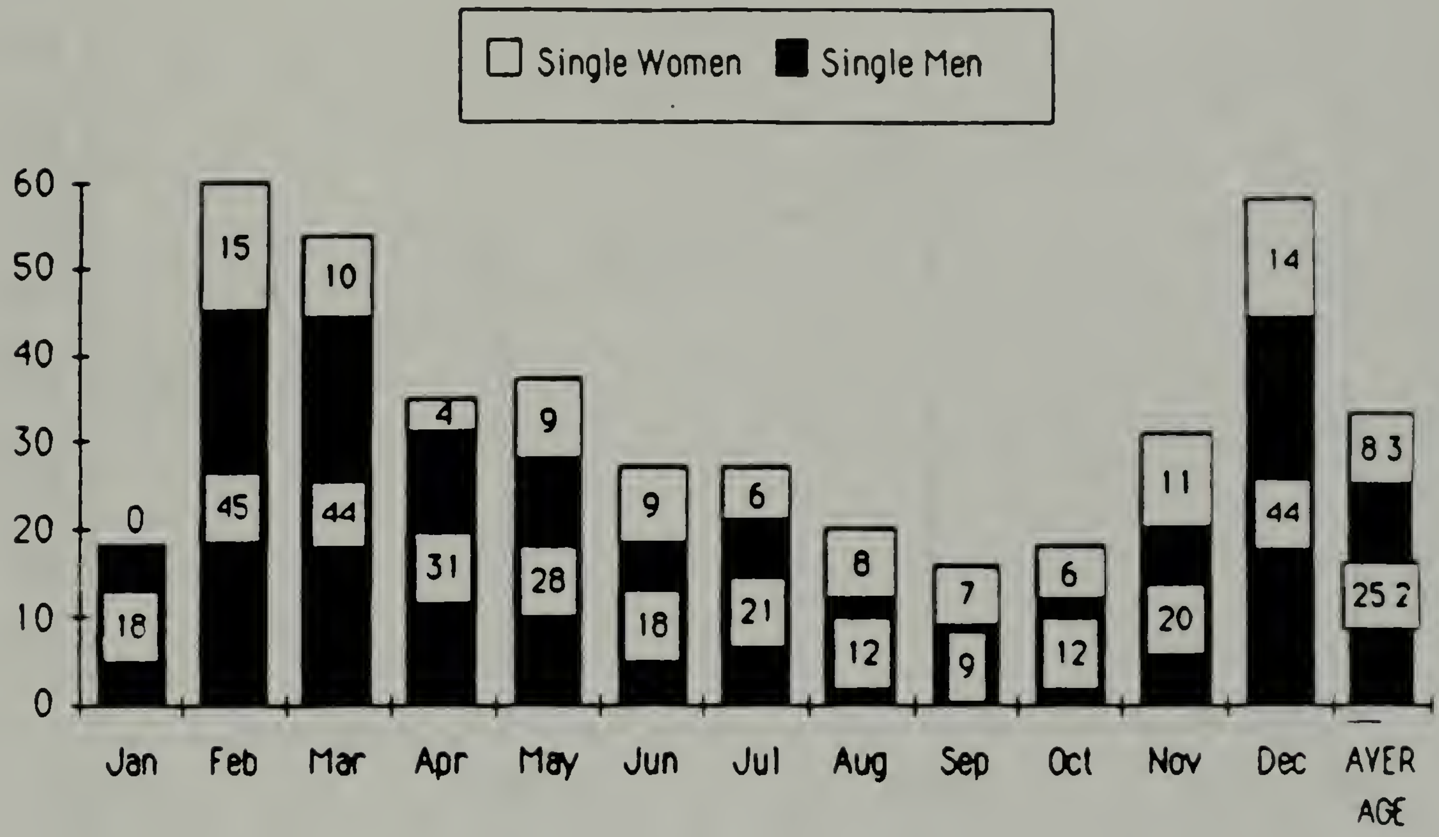
PREPARED BY.
David Egan-Robertson
Director, Social Service Help
Franklin Community Action Corporation
March 27, 1990

APPENDIX 4 - FRANKLIN COUNTY(Continued)



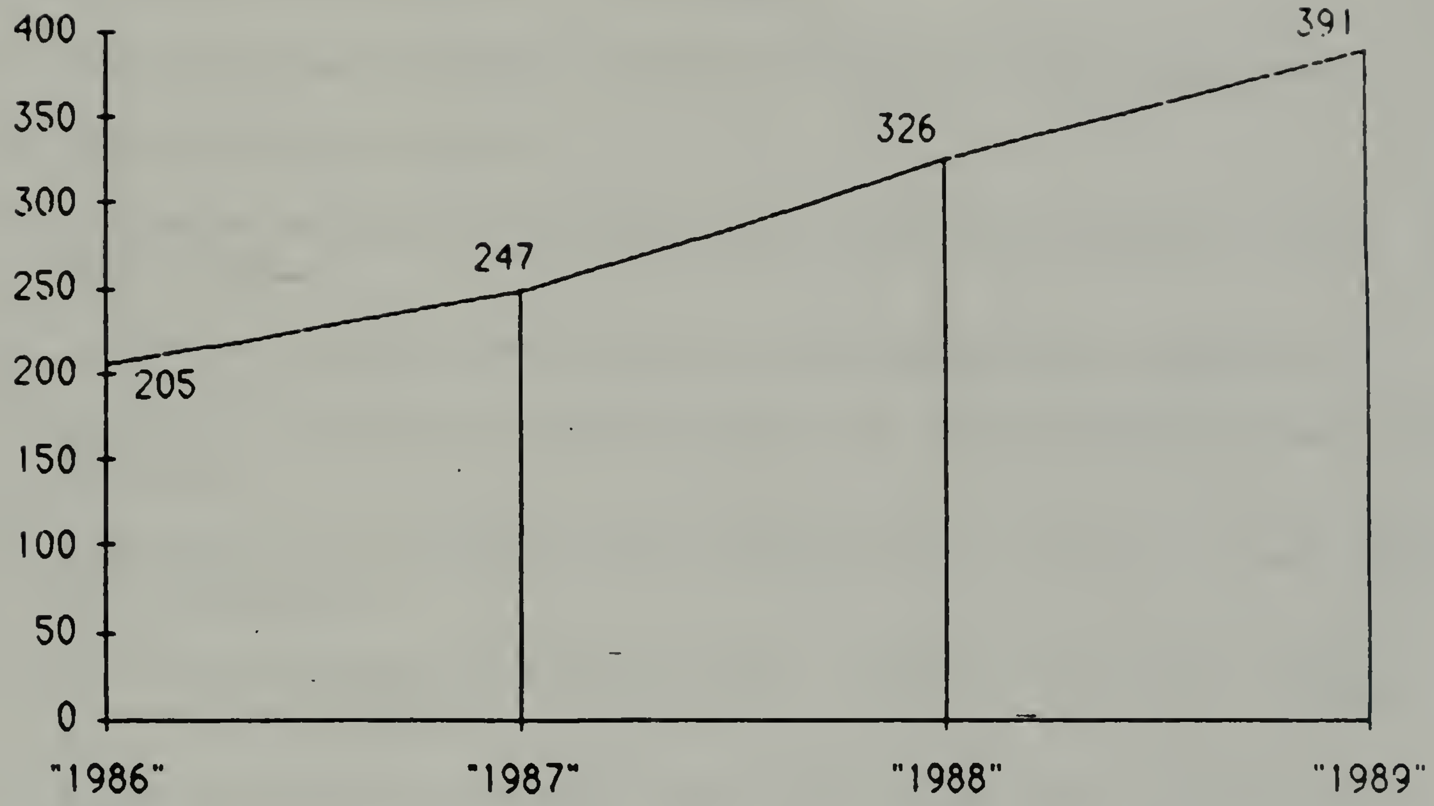


HOMELESS SINGLE WOMEN AND SINGLE MEN
FRANKLIN COUNTY/ATHOL AREA
1989



The 1989 monthly average of single homeless women assisted was 8.3, substantially higher (38%) than the 1988 average of 6.0. The 1989 monthly average of 25.2 single homeless men was slightly below (10%) the 1988 average of 27.9.

REQUESTS FOR SHELTER FROM INDIVIDUALS
FRANKLIN COUNTY/ATHOL AREA
COMPARISON OF FIRST NINE MONTHS OF
1986, 1987, 1988, AND 1989



During the first nine months of 1989, the information and referral offices received 20% more requests for shelter from individuals than in the same time period of the previous year. Requests have increased 91% since 1986.

RECOMMENDATIONS TO STATE AND FEDERAL GOVERNMENTS BASED ON WORCESTER NEEDS:

1. Increase the number of subsidies.
2. Stabilize funding for shelters.
3. Provide transitional shelter for young teen families.
4. Provide teen shelter.
5. Increase aftercare support for homeless families and individuals.
6. Increase housing services as a preventative program.
7. Provide congregate housing for low functioning women with children.
8. Provide a safe shelter for women which accepts women who are alcoholic.
9. Provide congregate housing for elderly poor who abuse alcohol or drugs.
10. Provide services within public housing for substance abusers.
11. Provide congregate housing and long term supportive residential programs for mentally ill homeless.
12. Increase number of SRO and efficiency apartment subsidies for mentally ill people.
13. Provide supportive services and shelter to victims of disaster.
14. Assist in making shelters handicapped accessible.
15. Provide additional shelter for abused women and children.
16. Provide comprehensive day shelter program.
17. Provide shelter and respite for people with AIDS, HIV, and other illnesses.
18. Provide programs to assist tenants in limited equity purchases of expiring use properties.
19. Greatly increase every type of program for non-profit purchase, rehab, development and preservation of affordable housing with the emphasis on low income housing and permanent affordability.

TABLE 3

(PERCENT OF INPATIENT APPROPRIATE FOR DISCHARGE) *

AREA	INPATIENT CENSUS	DISCHARGEABLE	PERCENT
Berkshire	31	10	32%
Frank-Hamp	38	26	68%
Holy-Chic	25	9	36%
Sprgfld	41	5	12%
Westfield	40	20	50%
N Central	75	60	80%
Black Vall	53	27	51%
S Central	55	5	9%
Worcester	118	10	8%
Lowell	46	26	57%
Lawrence	64	28	44%
Hav-Newb	50	16	32%
Cape Ann	32	10	31%
Danv-Sal	50	5	10%
Lynn	60	30	50%
E Middle	23	13	57%
Tri-City	50	15	30%
Camb-Somer	136	90	66%
Concord	11	5	45%
Met Bvrbrk	110	70	64%
Mys Vall	65	15	23%
S Norf	77	26	34%
NWWN	75	35	47%
Coastal	57	10	18%
S Middle	82	30	37%
Marl-West	32	20	63%
S Shore	65	10	15%
Attleboro	22	11	50%
Brockton	66	6	9%
Plymouth	42	12	29%
Taunton	50	25	50%
Fall River	46	30	65%
New Bedford	99	28	28%
Cape Cod	33	9	27%
Boston **	297	148	50%
TOTAL	2,216	895	14
AVERAGE	63	26	40%

* If appropriate housing available, DMH inpatient unit estimate

** Includes 6 areas: Bay Cove,Fuller,Ma Mental Harbor,Dor-Matt,Wes-Ros-Park

APPENDIX 5

MASSACHUSETTS HOUSING REPORT

January 1990 Vol. II No. 2

IN THIS ISSUE...

HOUSING AFFORDABILITY

Housing affordability declined on average in seven Massachusetts areas between 1988 and 1988, but increased slightly in the Boston PMSA. In Boston, a buyer with a ten percent downpayment needs a yearly income of $90,000 to buy a median-priced house ($205,253), and needs $65,000 to buy a median-priced ($148,240) condominium. Since the median income for the Boston PMSA is $45,000, this leaves an "affordability gap" of $45,000 for the house and $20,000 for the condo.

SUBSIDIZED HOUSING

The Commonwealth has become the main source of funding for the production of low-income housing in Massachusetts. The federal government has retreated from its historic position as the principal subsidizer of low-income housing. Between 1980 and 1982, 45 percent of new subsidized units was supported with state funds. After 1982, the state supported 89 percent of new commitments. For each new federally-assisted unit contracted for between 1983 and 1989, the state has supported eight new units a year.

HOUSING VACANCIES

The vacancy rate in the Boston PMSA is up slightly from last year (1.32 to 1.54 percent). Between 1981 and 1989, single home vacancies increased the most -- by 149 percent-- while multifamily vacancies decreased only three percent.

MASSACHUSETTS HOUSING MARKETS

Massachusetts home sales were down 19 percent in September 1989 from the same month last year. Housing starts were 2,500 fewer in July than in June, while building permits were 32 percent lower in 1989 than in 1988. An exception to this downward trend is multifamily permits which rose by 40 percent since June.

Despite a decline in housing sales and production, the cost of housing has not backed down. Although median sales prices varied among counties across the state, they were only one percent lower in September of 1989 than in September of 1988.

Homeowner costs, as indicated by the CPI, were 7.1 percent higher in September 1988 than one year earlier. Renter costs were 5.9 percent higher. Interest rates, though higher in 1989 than in 1988 (10.2 percent and nine percent respectively), held fairly constant throughout 1989.

CONTENTS...

Housing Affordability Declines in Massachusetts........page 2

State Assumes Subsidized Housing Leadership...page 7

Boston Housing Vacancy Rate Increases, But Remains Low..................page 10

Massachusetts Housing Market Roundup.............page 12

HOUSING AFFORDABILITY DECLINES IN MASSACHUSETTS

THE AFFORDABILITY GAP

The "Affordability Gap," the difference between the cost of housing and the level of income, decreased somewhat in the Boston PMSA between 1988 and 1989. At the same time, it increased in three other areas of Massachusetts -- Nantucket County, Dukes County, and the Springfield MSA. The **Massachusetts Housing Report** conducted its own affordability analysis to arrive at these conclusions. (The methodology used is discussed later in this article.)

Other findings include:

- **There is wide variation in affordability across the state.**
- **Homes are less affordable in eastern Massachusetts than elsewhere in the state.**
- **The two Metropolitan Statistical Areas, Boston and Springfield, have the highest affordability gaps.**
- **The highest home prices are in eastern Massachusetts; the lowest are in western Massachusetts.**
- **The Boston PMSA had the highest median income in 1988 and 1989.**
- **Median income among the seven areas in Massachusetts rose nine percent between 1988 and 1989. The median-priced home increased by four percent.**

Housing Affordability in Boston

A homebuyer must currently pay $205,253 to purchase a median (not average) priced house in the Boston PMSA. (The Boston PMSA covers 106 towns and cities in eastern Massachusetts.) Forty-seven percent of all September 1989 sales in the state took place in this area. A condo costs somewhat less -- $148,240.

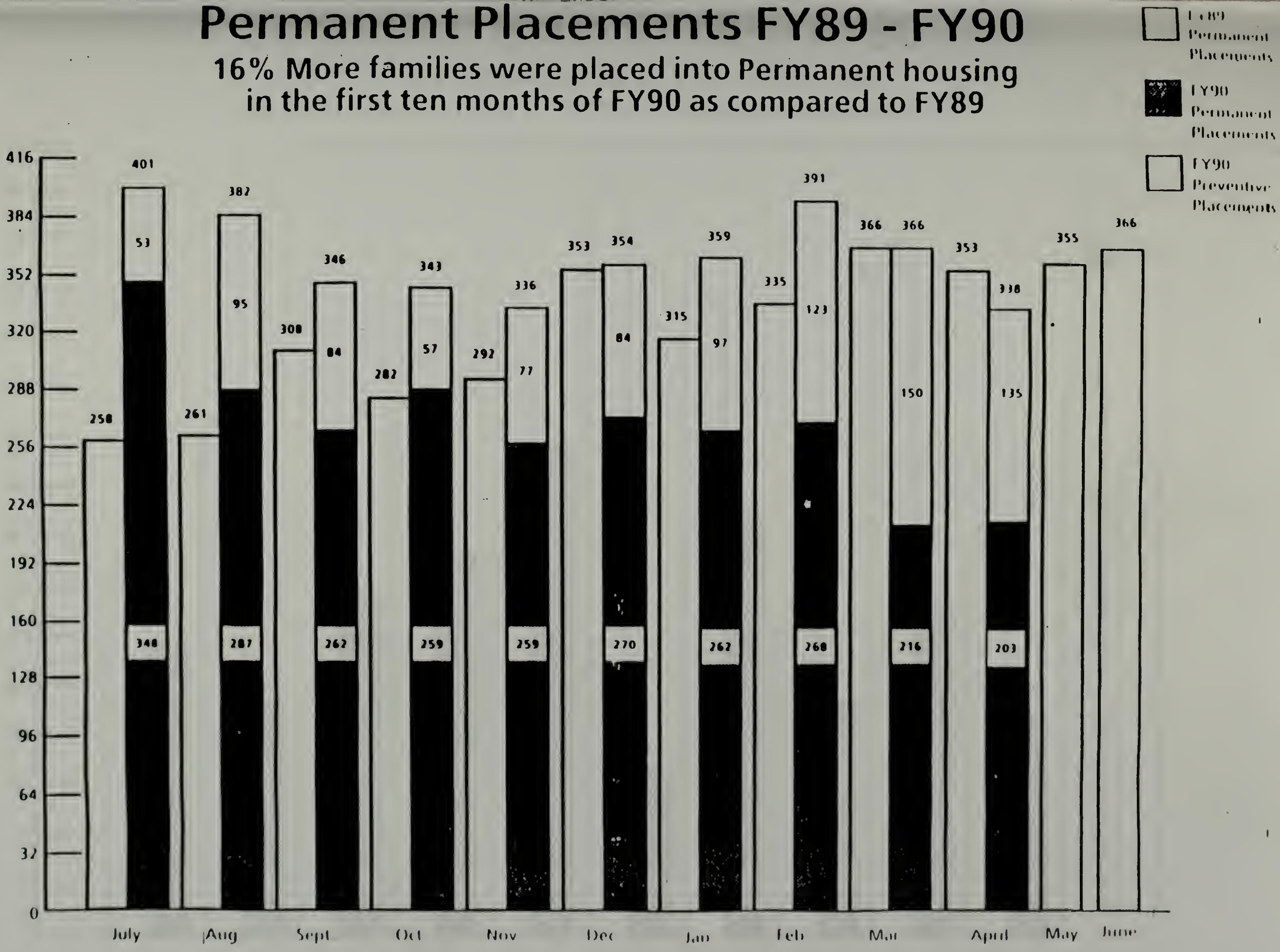
To buy the house, a buyer with a ten percent downpayment needs a startling annual income of $90,000. For the condo, $65,000 is required. The median income in the Boston PMSA is only $45,000, however, leaving an **affordability gap** of $45,000 for the house and $20,000 for the condo. (See Table 5.) Except for Nantucket County, the Boston area has the highest affordability gap in the state.

Each of the seven areas examined here had substantial affordability gaps in both 1988 and 1989. As shown in Table 1 below, the affordability gap varies considerably. In 1989, it was as high as $85,577 in Nantucket County and $41,565 in the Boston PMSA, and as low as $15,017 in Berkshire County. In 1988, the average gap for these seven areas, which comprised 67 percent of all sales in the state in September 1989, was $31,999. In the Boston PMSA, the gap decreased from $44,864 in 1988 to $41,565 in 1989.

Although in some areas the gap increased and in others it went down, on average it was $35,058, or as much as 10 percent higher in 1989.

Permanent Placements FY89 - FY90

16% More families were placed into Permanent housing in the first ten months of FY90 as compared to FY89

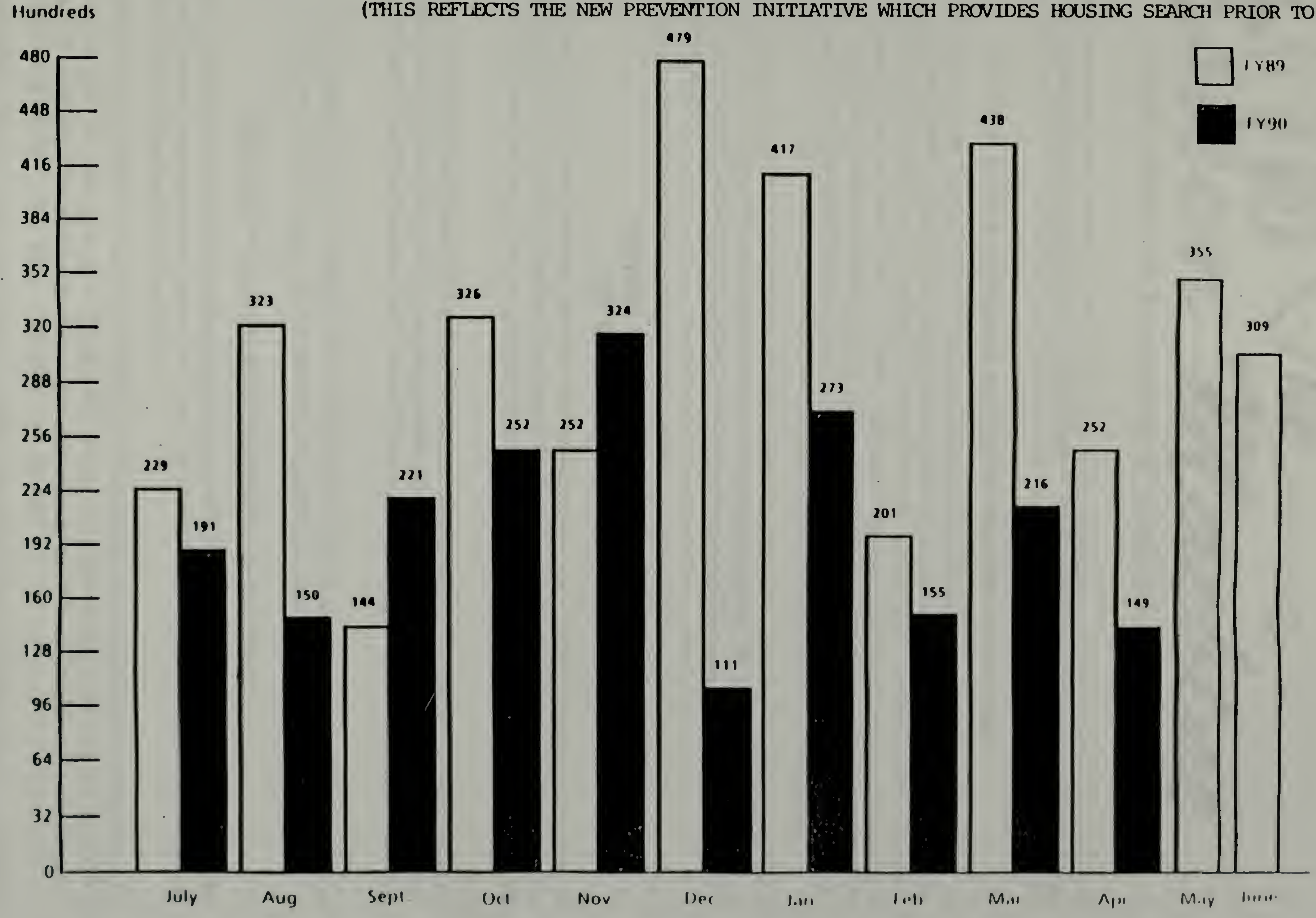


APPENDIX 7

Subsidies* Issued FY89 - FY90

33% fewer subsidies have been issued in the first ten months of FY90 as compared to FY89

(THIS REFLECTS THE NEW PREVENTION INITIATIVE WHICH PROVIDES HOUSING SEARCH PRIOR TO EVICTION



* Subsidy figures include both state and federal programs.

APPENDIX 8 -Adult Ed. and Children's Programs

The Esteem Machine

"a part within the framework of Adult Education"

MASSACHUSETTS DEPARTMENT OF EDUCATION • SPRING 1990 • ADULT EDUCATION WITH HOMELESS PERSONS

NO ONE IN OUR PROGRAMS SUDDENLY DROPPED FROM MARS

Homeless adults have faced a litany of crises and disconnections that result in nowhere to sleep, nothing to eat, no place to belong. Once a person disconnects from support systems, however tenuous they may be, the sheltering cycle begins. It is at this crucial point that we label and isolate these individuals as homeless, a misnomer. Adults in this situation do not only lack a home, they lack access to systems — they are "systemless." The rest of us enjoy the benefits of family systems, educational, financial, medical, cultural, religious, employment, and community systems with which we are interconnected. Persons labeled homeless speak more to what our "systems" failed to do. One system, education, must right some very serious wrongs and this time we must include the adult learner in the process.

Many people feel that it is ludicrous to attempt to establish educational programs for homeless adults with all the other problems they must juggle. What is ludicrous is that we did not begin sooner. We will teach reconnection to systems, as we teach basic skills, we will learn together. Everyone we have labeled homeless was once connected, they did not drop from Mars.

"SYSTEMS CONNECT TO SYSTEMS" A BRIEF HISTORY LESSON

In 1987 the Stewart B. McKinney Homeless Assistance Act was signed into law. Title VII-A authorized funding to state educational agencies to provide educational programs for homeless adults. Since 1988, the Massachusetts Department of Education has reached out to homeless shelters and adult learning centers to join forces on this effort.

The first four partnerships began in January 1989 and this February we added five more. The partnership idea is unique to MA shelters and learning centers who have not formerly worked together and it seemed imperative that we connect provider systems with educational systems. This statewide project is a "catch-up" intervention, one in which we all learn.

The project has just hired a full-time coordinator, Sandra Brawders, in order to expand upon the efforts of the first year's work, to replicate "what's working", and to reach out to populations that remain unserved.

"JUST GET YOUR GED AND THE WORLD IS WAITING"

It's a worry to all teachers of basic skills that adult learners will hear the GED plea as the fix-it cure. The GED does not come with a job guarantee, or automatically provide for an employment training program, or assure a person success in life. Neither does a college degree for that matter.

When an adult learner "gets a GED", it's a great achievement, pure and simple, and it can help open the doors to other opportunities. But there are many other great things adults can achieve (experience) by entering into basic skills learning programs... a chance to write a letter to a loved one... to enjoy a good book... to help kids with schoolwork... to come together with others to share ideas... to work on real job skills.

The important thing for teachers to keep in mind is that "student-centered" education takes into account "where the student is at" and enables the learner to achieve reachable goals. There are more carrots than the GED!

THE NINE PILOT PARTNERSHIPS OF ADULT EDUCATION FOR HOMELESS PERSONS

INITIATING AGENCY	PROJECT COORDINATOR		PARTNERSHIPS
THE LITERACY PROJECT GREENFIELD The Center in Greenfield North Quabbin Adult Learning Ctr.	Phil Rabinowitz (413) 774-3935	+	Greenfield Family Inn Tom Salter Orange Athol Family Inn Deb Ensign
S.C.A.L.E. SOMERVILLE	Susan Lane Riley (617) 625-1335	+	Somerville Homeless Coalition Karen McCarthy College Ave. Adult Shelter Carol Smith Cross Street Family Shelter Sister Judy Markiewicz
LITERACY VOLUNTEERS OF MA BOSTON "Project Lighthouse"	Roberta Soolman Esther Leonelli (617) 536-7171	+	Long Island Shelter Ken Beebe
LYNN SHELTER ASSOCIATION LYNN Bridge House Lynn Emergency Shelter	Jon Lazar (617) 581-6600	+	Operation Bootstrap Ann Serino
GREATER LAWRENCE YWCA LAWRENCE Residence Program	Brenda McKinley (508) 687-0331	+	The Adult Learning Center Jeanne O'Brien Daybreak Shelter Marilyn Bouchard
CATHOLIC CHARITIES OF WORCESTER WORCESTER	Madelyn Hennessey (508) 798-0191	+	Youville Shelter Heather McDonald Transitional Program of Youville Shelter Heather McDonald
COMMUNITY ACTION INC. HAVERHILL Drop-In Center Pat Luna Salisbury Homeless Outreach Susan Boynton	Nancy Churchill (508) 373-1971 Est. 56	+	Transitional Housing of Amesbury Elizabeth Lloyd
BRIDGE OVER TROUBLED WATERS BOSTON On Site/Boston: "Pre-Employment Program"	Barbara Whelan Marge Smith (617) 423-9575	+	Long Island Shelter Ken Beebe
CAMBRIDGE COMMUNITY LEARNING CENTER CAMBRIDGE "Project Lift"	Esther Leonelli (617) 547-1589	+	Cambridge YWCA Housing/ 2 Sites Paula Kowalke Hildebrand Family Self-Help Centef Sherlane Washington

CURRICULUM BASICS

Ann Delong, a teacher in the Worcester Catholic Charities and Youville Partnership, used a wonderful game in a book she bought for the class. The game was called "Lifeboat". The group of adult learners had to pretend they were in a lifeboat and one of them had to be put out to save the rest. Having already choosen professions, they began speeches about why they should stay in the boat, why they were needed in the future. One person was thrown over board and then the group discussed why they voted to let the "teacher" go over the side. The discussion was so helpful to the "teacher" that the next round voted to keep the person who could believe herself worthy of being saved. Self-Esteem is gained!

"Where I was born and where and how I have lived is unimportant. It is what I have done with where I have been that should be of interest."

Georgia O'Keefe

Martha Germanowski, the teacher at the Drop-In Center that Pat Luna of Community Action in Haverhill directs, had to find a hook to get the guys interested in her classes. As we all know, a good teacher wants a learner, so Martha got a copy of *The Virginian* and at the end of every class she reads to the learners. I personally watched as one of the learners who had been away in a rehab program returned and asked what had been happening in *The Virginian*. Martha responded with the true spirit of teaching and said, "Why don't you join us this morning and find out?" With that the learner walked into the makeshift classroom in the kitchen where a volunteer, Rita, was making everyone some toast.

Esther Leonelli, a LVM tutor at the Long Island Shelter, another one of the first partnerships established, uses a Scrabble game to do word formation, simple and fits into Esther's bag of tricks. Who needs expensive visual aids when we can connect what is available, to a learner's need to have more than a workbook in front of them.

Anita McDowell takes the opportunity to look over a letter of complaint by two employees as a chance for an empowerment workshop. Anita operates the Drop-In Center in Orange for Literacy Project. Anita works with the women to define what is bothering them and what options are available, then very clearly gives possible reasons for the employer's actions. No judgement, no taking sides, but a great lesson in seeing the whole picture. Teaching life and basic skills!

RFP OUT IN LATE JUNE FROM MASSACHUSETTS DOE.
IF YOU GOT THIS NEWSLETTER YOU ARE ON OUR LIST.
Questions? Call Sandy Brawders 770-7399
Project Coordinator, Adult Education with the Homeless.

MCKINNEY FUNDING FOR OUR PHASE III

As the Bureau of Adult Education designs the response to the FY 1990 RFP for McKinney funds, the following goals comprise the foundation of our proposal:

GOAL 1: Three to four of the current nine pilot programs would be re-funded during FY 1991 as replication sites for the statewide outreach of the project.

GOAL 2: One of the nine pilot partnerships would be designated the curriculum lab.

GOAL 3: A training team of teachers would work with the Project Coordinator doing outreach to all learning centers and shelters in the Commonwealth.

GOAL 4: Should we be funded by DOE we would develop a Massachusetts RFP process to bring in six new partnerships. We are interested in partnerships working with the following populations within the homeless community:

1. Chronically mentally ill homeless persons living on the streets. Educational efforts would be entirely street outreach.
2. Victims of domestic violence.
3. Alcoholic homeless men in wet shelter environment.
4. Women who identify themselves as alcoholic and/or drug addicted and homeless.
5. Single head of household residing in welfare hotels, especially seasonal hotels that force the family to vacate to camp grounds in summer.
6. A partnership willing to develop collaboratively with DOE, creating a family literacy model with homeless families.

(Newsletter costs donated by Anon)

THE ESTEEM MACHINE
BUREAU OF ADULT EDUCATION
1385 Hancock Street
Quincy, MA 02169

"IN THE FUTURE WE WILL BE MEASURED BY HOW TEMPORARY WE USED SHELTERS OR HOW PERMANENT WE MADE THEM."

I. EDUCATING SCHOOL PERSONNEL ABOUT THE PROBLEMS OF HOMELESS STUDENTS

MASSACHUSETTS DEPARTMENT OF EDUCATION INSERVICE WORKSHOP PROJECT: Various Locations, Massachusetts

The Massachusetts Department of Education is sponsoring a series of inservice workshops during the 1989-90 school year to give educators an opportunity to learn about and understand the special needs of homeless students and their families. These workshops also serve as an opportunity to bring together school staff and shelter providers. At this writing, the Department has already presented two workshops, in October, 1989 and January, 1990, and contracted with community agencies to carry out additional sessions. Attendance at these workshops is voluntary for educators, shelter staff, and social service agency personnel.

At the October, 1989 workshop, participants were exposed to the typical routine a family must endure in order to be admitted into a shelter. The inservice also emphasized the daily stresses encountered by a homeless family seeking shelter.

The main objectives of the October workshop were to:

- help non-homeless parents, teachers, and children understand what they may have in common with homeless families;
- help teachers assist homeless students in developing friendships with their non-homeless peers;
- communicate the facts and identify the fallacies and myths about homeless children;
- enable participants to understand the problems homeless children experience, and why they may have problems in school; and
- suggest intervention strategies and other ways that school personnel can be involved in supporting homeless families.

Children's advocates from Massachusetts shelters, homeless outreach groups and staff from the Massachusetts Department of Education's Division of School Programs and other state agencies (including the Department of Social Services, the Office for Children, and the Department of Public Welfare) helped facilitate workshop discussions by sharing their experiences of working with homeless families. In addition. school personnel involved with homeless students provided first hand information about these children's educational needs.

Following a presentation of issues affecting homeless students and a role play demonstrating the steps a family must follow to gain access to a shelter, participants engaged in small group discussions which considered topics such as:

- What is it like to be homeless?;
- What is it like to teach homeless children?;
- How can shelters, social service agencies and schools better communicate with each other?; and
- Success stories.

In addition, each participant was given a packet containing: a "flow chart" depicting homeless family's journey through system to permanent housing; a list of service agencies and their roles; names, addresses and phone numbers of staff of county Department of Social Services offices; a list of shelter addresses and numbers in the area; a list of the staff addresses and numbers for the state Office for Children; a list of the names and numbers of staff in the state Department of Public Welfare (DPW) and a copy of materials describing the DPW's Emergency Assistance program.

Workshop participants also received copies of a pamphlet for homeless parents, *Keeping Your Children in School*. This pamphlet contains information about the child's right to a public education, homeless parents' right to choose whether their children will transfer into a new school district or remain in the district in which the family lived before becoming homeless, guidelines for parents to consider when making enrollment decisions, information about school and health records, and a list of names and numbers of persons who can help parents with this process. A pamphlet for educators, *Strategies for School Personnel*, was also distributed. This pamphlet contains many ideas about the ways educators can help meet the special needs of homeless students, including establishing and volunteering in shelter reading programs, donating books to homeless children, and encouraging others in the school to contribute to clothing and school supply drives.

These workshops are being funded through the state's McKinney education grant of approximately $90,000 per year.

For more information, contact:

Ms. Michelle Fryt Linehan
Coordinator, Education of Homeless Children and Youth
Massachusetts Department of Education
1385 Hancock Street
Quincy, Massachusetts 02169
(617) 770-7493

funds were used for staff and materials, and for the purchase of additional books to establish a reference center in each shelter.

For more information, contact:

Ms. Peggy Jackson-Jobe
Coordinator, Education of Homeless Children and Youth
Maryland Department of Education
200 West Baltimore Street, 4th Floor
Baltimore, Maryland 21201
(301) 333-2445

MASSACHUSETTS DEPARTMENT OF EDUCATION VOLUNTEER TUTOR PROJECT: Holyoke, Lawrence, and Worcester, Massachusetts

The Massachusetts Department of Education's Volunteer Tutor Project is providing funds to three school districts to provide one-on-one and small group tutorial assistance to homeless students. The time and location of these sessions will vary from program to program. At a minimum, however, tutoring will take place twice a week, for one hour at each meeting. The program is scheduled to run from February, 1990 until the end of the 1989-90 school year. It is expected that at least ten homeless students will receive services in each of the three participating school districts.

Referrals to the program will be made by school personnel or the child's parents. Once a referral is made, the project contact person will get in touch with the child's parents and seek permission for the student's participation in the project. Next, the project person will match the child with a volunteer tutor and arrange a meeting time and place. Some identified meeting places include the local school, a shelter site or a town library.

Massachusetts school districts were asked to submit proposals to the state Department of Education to participate in this program. Three districts -- in Holyoke, Lawrence, and Worcester -- were awarded grants of $3,500 each to implement the project in their jurisdictions. Site coordinators solicit and schedule training for the volunteers in each location. The Massachusetts Department of Education has assumed responsibility for training the volunteers, and has conducted training at all three sites. This training was developed by a consultant from the Department. Monitoring of the program is also being carried out by the Department of Education.

For more information, contact:

Ms. Michelle Fryt Linehan
Coordinator, Education of Homeless Children and Youth
Massachusetts Department of Education
1385 Hancock Street
Quincy, Massachusetts 02169
(617) 770-7493

needs of the children in each shelter. For example, some shelters are located far away from school, thus making an after school program at the school site impractical for these students. These shelters conduct after school programs at the shelter sites. Depending on the needs of the shelter and the space available, programs can take place three to four days a week. Teachers are recruited from the public schools to help students with homework and provide any necessary remedial assistance.

Participating shelters offer a variety of educational programs, including parental involvement and cultural enrichment. For example, homeless children at 11 shelters can take advantage of a project that visits local museums and allows these children an opportunity to work with a diverse group of artists. Shelters may also choose to hire social workers or guidance counselors to assist their programs, thereby making counseling services available for homeless parents and children.

For more information, contact:

Ms. Bonnie Gross
362 Schermerhorn Street, Room 318
Brooklyn, New York 11217
(718) 935-4050

IV. PROGRAMS DESIGNED SPECIFICALLY FOR HOMELESS ADOLESCENTS

ADOLESCENT SHELTER PROJECT: Framingham, Springfield and Walpole, Massachusetts

The Massachusetts Department of Education developed the Adolescent Shelter Project to respond to the educational needs of homeless adolescents. The goal of this program, which began in January, 1990, is to provide short-term educational services to students residing in runaway shelters, while these students are temporarily unable to attend the regular public school. This program also assists homeless adolescents who wish to attend the public school and receive tutoring from this program in the evening. The Adolescent Shelter Project is expected to serve approximately 12 adolescents each month.

The Department of Education solicited applications for this program from shelter providers. Providers developed educational programs based on the philosophy of the shelter and the needs of the residents. After reviewing these proposals, the Department awarded three grants of $7,500 each to participating shelters in the communities of Framingham, Springfield and Walpole.

Each adolescent shelter site has hired certified teachers to carry out the instructional component of the program. In addition, the Department of Education has hired a part time consultant, who will be responsible for conducting site visits in order to help staff

effectively carry out the program. The consultant will also work with these educators to develop an evaluation tool to measure the program's success. The Adolescent Shelter Project will also be subject to on-going evaluation, including the collection and review of information during consultant site visits, and analysis of program data from staff at each site.

For more information, contact:

Ms. Michelle Fryt Linehan
Coordinator, Education of Homeless Children and Youth
Massachusetts Department of Education
1385 Hancock Street
Quincy, Massachusetts 02169
(617) 770-7493

If you need help getting your children into school, you can call any of the people listed below:

Central Massachusetts Regional Center
Lynn Simonds
(508) 835-6266
Beaman Street, Route. 140
West Boylston, MA 01583

Southeast Regional Center
Peter Murphy
(508) 947-1231
33 Main Street, Suite 2
Lakeville, MA 02347

Northeast Regional Center
Darlene Lynch
(508) 689-0164
790 Turnpike Road
North Andover, MA 01845

Western Massachusetts Regional Center
Mary Birks
(413) 594-8511
Macek Drive
Chicopee, MA 01013

Massachusetts Department of Education - Central Office
Michelle Fryt Linehan
(617) 770-7493
1385 Hancock Street
Quincy, MA 02169

DRAFT

Keeping Your Children in School

Massachusetts Department of Education

July 1990

Educational Rights of Homeless Children

In Massachusetts homeless families have certain rights regarding school services. These include:

1. Choice of School

If you are moved to a place outside your present school district, you can:

- keep your children in the same school they were in when you lost your home (until the end of the school year)

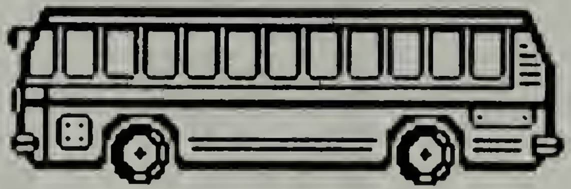
OR

- have your children attend the school within the town/city where the shelter/motel/temporary living facility is located.

Also, if you *move into a permanent residence during the course of the school year*, you can choose to keep your children in school they were attending when they were homeless (until the end of the school year), or they can attend the school in the district in which your permanent residence is located.

Schools are not required to provide transportation to/from school for your child if you are living outside of the district boundaries, *except for children with special needs who have transportation written into their Individualized Education Plan (IEP)*. (See Section 2 of this brochure.) But, some schools will send a bus, van or taxi to pick up your child. Contact your local school to ask them about this.

If you *move from one place to another within one district*, talk to your child's school principal about keeping your child in that school until the end of the school year.



2. Transportation for Children with Special Needs

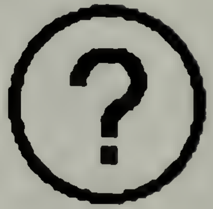
If your child has an Individualized Education Plan (IEP) and has transportation written into this plan and *you want to keep him/her in the original school even though you are temporarily housed in another district*, this original school must continue to transport him/her to school, until the end of the school year.

3. School Records

Your children should start school the *day they sign up*. They cannot be kept our of school if they do not have the records from their other schools. The only time your child cannot get into school *immediately* is if they are not properly immunized. If they have been immunized, these records can be transferred over the phone from one school nurse to another. If they have not received the proper shots, ask your welfare worker, social worker or someone at the school to help you find a place where your children can receive these shots.

4. Lead Screening

All children must be screened for lead poisoning before entering kindergarten. But your children *cannot be kept out of school because they have not been screened*. If your child has been screened in Massachusetts, but you do not have proof of this, you can call Michelle Linehan at the Dept of Education to help you find these records. (617-770-7493)



5. Complaint Management System

If you have problems enrolling your children in school, contact the school principal first to discuss the problems. Other people who can help you if you have questions or problems with your children's school placement are:

- other parents
- your social worker
- any of the people listed on the back of this brochure.

I. AGES AND NUMBERS OF HOMELESS CHILDREN

Pages 11, 12, and 13 provide information on the number, ages, living situations and geographical locations of homeless children who resided in Massachusetts from November 1988 to November 1989

Figure 1 indicates that 51% of homeless children in Massachusetts are of school age, the remaining 49% consist of children ages birth to four years old.

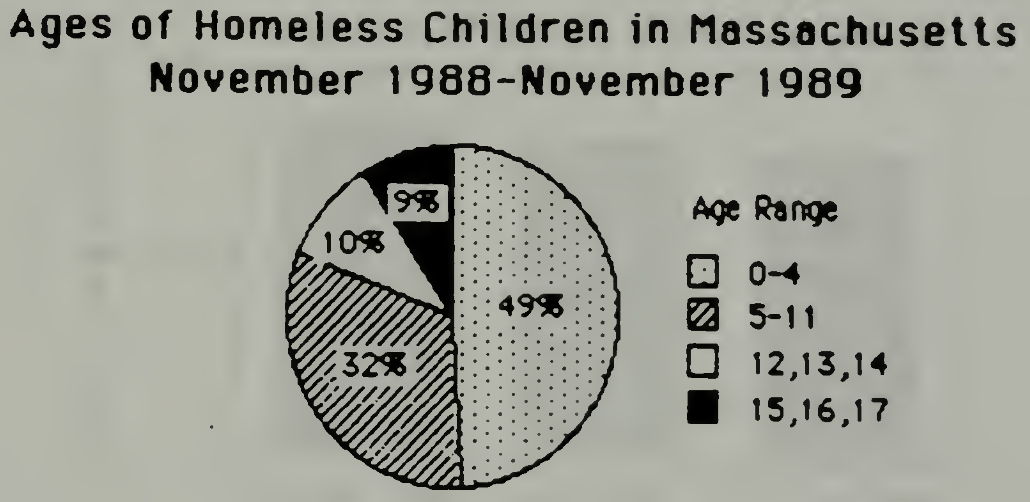


Figure 1

Figure 2 depicts the age ranges for **all** of the children living in Massachusetts on January 1, 1988. (This information was compiled by the Massachusetts Department of Education, Bureau of Data Collection and Processing.) This shows that, in the general population, only **30%** of all youngsters in the state are under 5 years old, and **17%** of the general population of youngsters are of high school age.

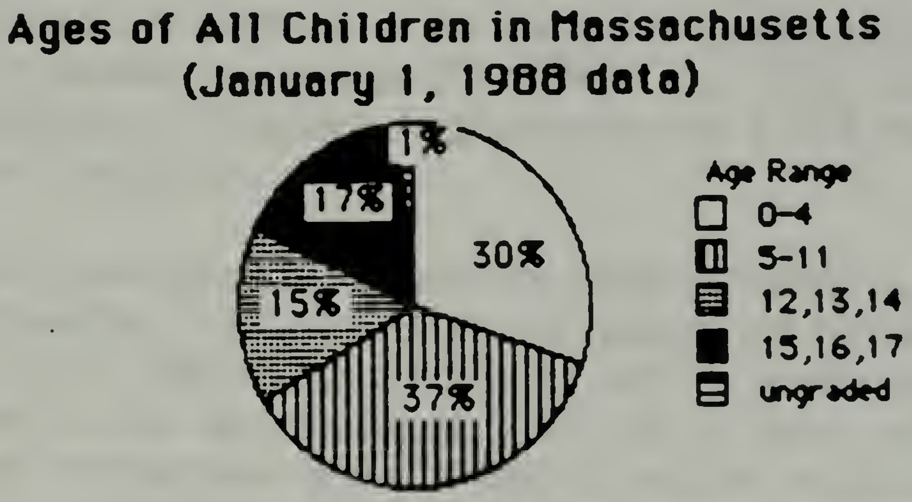


Figure 2

These differences can be attributed to the fact that the majority of families living in shelters and motels in Massachusetts are headed by a parent who is between 18-25 years old, while in the general population the majority of families are headed by a parent or parent(s) who are between ___ and ___ years old.

II. CHANGE IN NUMBERS OF HOMELESS CHILDREN: OCTOBER 1988 - NOVEMBER 1989

The bar graphs in Figure 5 compare the number of homeless children living in DPW-contracted family shelters and motels/hotels in October 1988, May 1989 and November 1989.

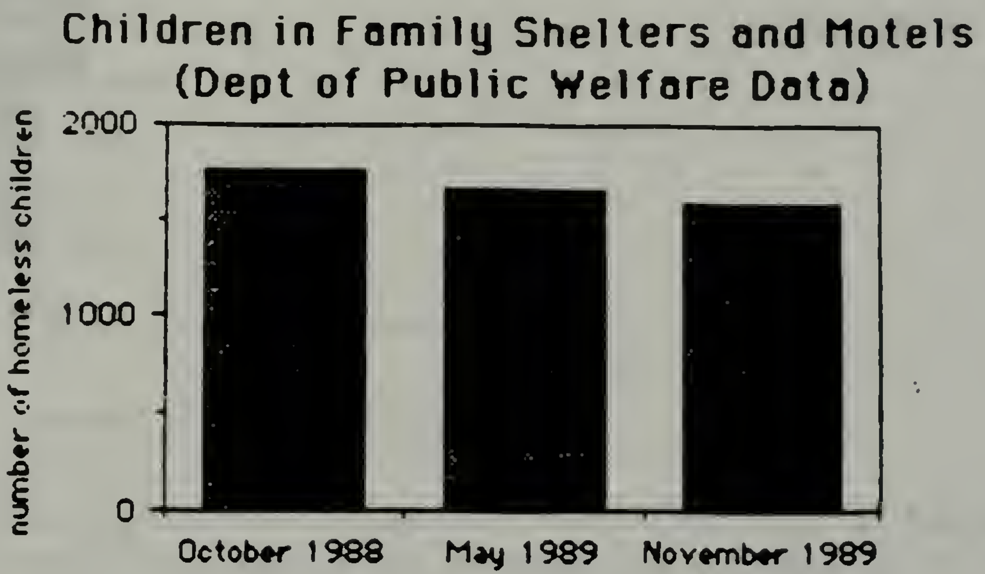


Figure 5

Statistics from the Department of Public Welfare(DPW) indicate that the total number of homeless children living in motels and family shelters having contracts with DPW decreased from October 1988 to November 1989. From October 1988 to May 1989 there was a 6% decrease; from May 1989 to November 1989 there was an additional 4% decrease in the number of homeless chidren in DPW-contracted facilities. In one year (Oct 1988 - Nov 1989) Massachusetts welfare shelter facilities for homeless families have seen a 10% decrease in the number of families they serve.

The national picture does not coincide with the trend presented in Massachusetts. In their recent publication, "A Status Report on Hunger and Homelessness in America's Cities: 1989", the U.S. Conference of Mayors noted that the demand for emergency shelter **rose** an average of 12% in the 27 cities surveyed. A plausible reason for the decrease in use of shelter facilities by families across the Commonwealth is that the very limited number of housing subsidies has discouraged families from applying from emergecy shelter - as they realize their stay in such a shelter or motel may be quite lengthy. Therefore, the number of "hidden homeless" (i.e., families living in doubled-up situations) is probably increasing as the number of "visible homeless families" (i.e., those in shelters or motels) is decreasing.

APPENDIX 10

Cities with Greatest Number of Homeless Children (approx [illegible]) **November 1988-November 1989** *

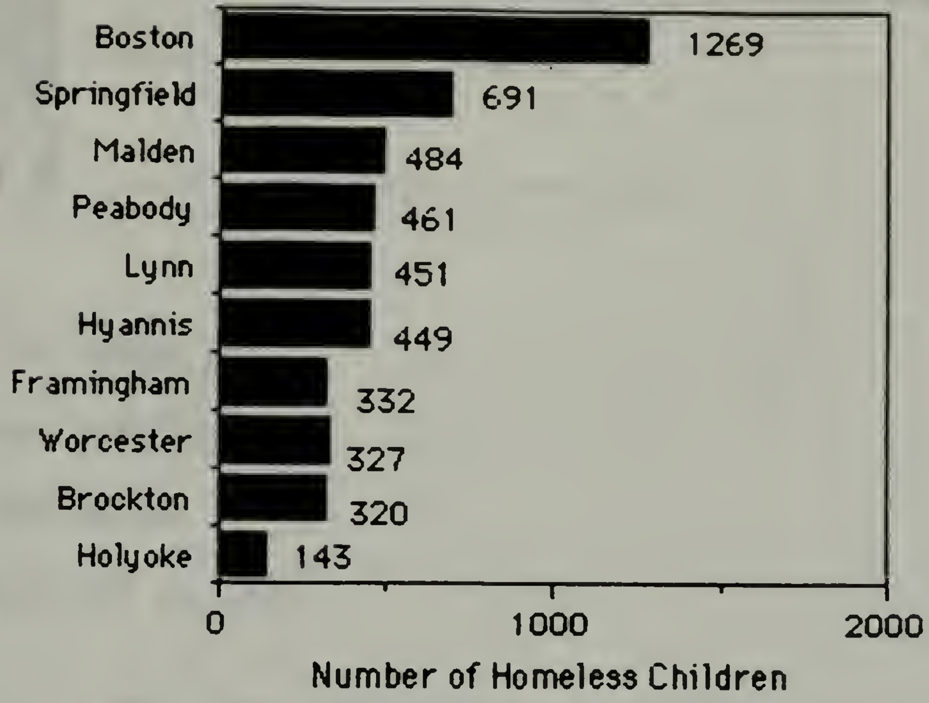
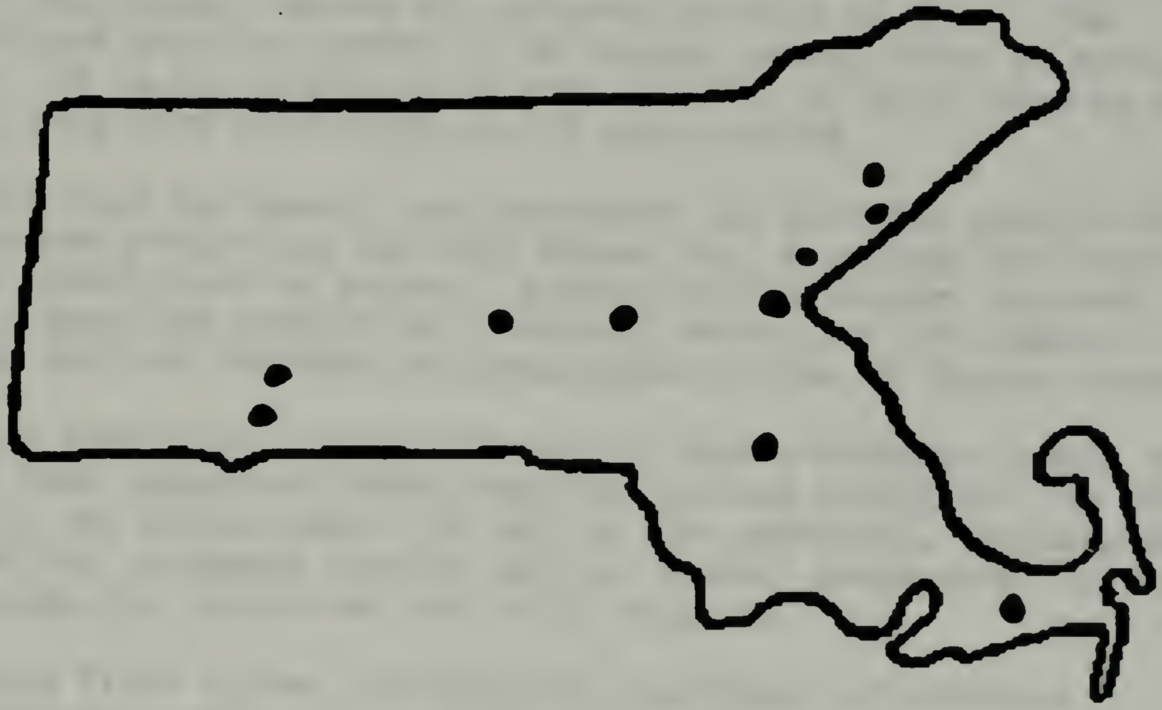


Figure 4

* Does not include children living in a "doubled-up" situation.

The numbers shown in Figure 4 were based on a one-day count of the homeless children , combined with information that indicates the average length of stay for a child in a shelter is 11 weeks.



This map of Massachusetts shows the geographical location of the ten cities in Massachusetts which provided emergency shelter to the greatest number of children from November 1988 to November 1989. The cities indicated with dots are: Boston, Springfield, Malden, Peabody, Lynn, Hyannis, Framingham, Worcester, Brockton and Holyoke.

Your Department of
Public Welfare

APPENDIX 11

EMPLOYMENT AND TRAINING FOR GENERAL RELIEF RECIPIENTS

180 Tremont Street
Boston, Massachusetts 02111

Carmen Canino-Siegrist, Commissioner

TO: IRENE LEE

FROM: RON NEWCOMB

RE: GR/ET

DATE: MAY 1, 1990

- o The FY'90 Employment and Training (ET) goal for General Relief (GR) is to place 2,000 participants into priority jobs. To date, 1,265 have been job placed (over 95% of year-to-date goal) at an average entry wage of $7.63 per hour.
- o Most contractors meet and many exceed their GR goals. For example, DET's Employment Network is currently at 111% of goal. The Department caps the number of GR clients served under ET because of cost. If we serve more GR clients in FY'91 we would have to take money away from AFDC which is 50% reimbursable.
- o For the past two years, the Department has provided funding for an employment program at the Pine Street Inn, a shelter for homeless adult individuals in Boston. Specialized counselors who work at the Pine Street Inn provide the necessary counseling and support to enable shelter residents to participate in the ET Choices program.
- o Roxbury Community College through the Boston Business School ran an eight week program to train homeless welfare recipients for office jobs in the Boston area. As well as the education, training and counseling, students receive help in finding independent living situation for themselves and their children.
- o Hamilton Place serves the Homeless population and offers a comprehensive ET program. (flyer attached)

Any questions please feel free to call.

RN/pjh
mem2.gr-et
Attachment

Executive Office of Human Services
Commonwealth of Massachusetts

December 22, 1989

SERVICES FOR HOMELESS AND NEAR HOMELESS FAMILIES

DEPT OF PUBLIC WELFARE

FUNDED THROUGH EMERGENCY ASSISTANCE:
- TEMPORARY EMERGENCY SHELTER
- HOUSING SEARCH SERVICES
- FURNITURE STORAGE
- TRANSPORTATION
- CHILD CARE
- NUTRITIONAL ALLOWANCE
- FIRST MONTH'S RENT
- SECURITY DEPOSITS
- MOVING EXPENSES
- RENTAL OR MORTGAGE ARREARAGE
- FUEL AND UTILITY ARREARAGE
- REFRIGERATOR
- APPLIANCE REPAIR OR REPLACEMENT

ALL APPLICABLE AFDC AND MEDICAID FUNDED PROGRAMS

HEALTH CARE FOR THE HOMELESS - ON-SITE MEDICAL SERVICES

DEPT. OF SOCIAL SERVICES

SUPPORTIVE SOCIAL SERVICES, INCLUDING:
- FOOD
- CLOTHING
- DAY CARE
- BABYSITTING
- SCHOOL REGISTRATION ASSISTANCE
- COUNSELING
- TRANSPORTATION
- OTHER DIRECT SUPPORT SERVICES
- REFERRALS TO OUTSIDE SERVICE PROVIDERS

EMERGENCY SHELTER - NEW CHARDON STREET SHELTER

STABILIZATION SERVICES TO MAINTAIN PERMANENT HOUSING

ASSESS AND ASSIST FAMILIES AT RISK OF HOMELESSNESS DUE TO OVERCROWDED OR DOUBLED-UP SITUATIONS

DEPT. OF MENTAL HEALTH

MENTAL HEALTH SERVICES TO FAMILIES IN HOTELS, MOTELS, & SHELTERS

DEPT. OF PUBLIC HEALTH

ASSISTING IN THE DEVELOPMENT OF RESIDENTIAL SPECIALIZED SUBSTANCE ABUSE TREATMENT PROGRAMS, IN COLLABORATION WITH DEPT. OF PUBLIC WELFARE

OUTPATIENT SUBSTANCE ABUSE COUNSELING, DETOX AND METHADONE THROUGH MEDICAID REIMBURSEMENT

DEPT. OF EDUCATION

ASSURE ACCESS BY HOMELESS CHILDREN AND THEIR FAMILIES TO EDUCATIONAL SERVICES BY ALLOWING HOMELESS PARENTS THE CHOICE OF SCHOOL DISTRICTS

APPENDIX 13 - EMPLOYMENT TRAINING PROGRAMS

The Massachusetts Career Development Institute Job Training for the Homeless Demonstration Program, funded under the aegis of the Stewart B. McKinney Act Act, is designed to provide the following services to 50 homeless men and women in the City of Springfield, Massachusetts:

- On-site outreach, recruitment, personal and career counseling and informal assessment.
- Formal Assessment
- Motivational Workshops
- World of Work
- Support Group Meetings
- Pre-vocational programs, including Adult Basic Education, English as a Second Language.
- Occupational Training
- High Support Services (Ongoing)
- Job Development/Placement
- Referrals to other, appropriate agencies
- Follow Up Activities

The program began on September 23, 1988 and will end on September 30, 1989. On-site activities take place at The Worthington House and various other shelters and homeless Community Based Organizations, and classroom and occupational training programs take place at the MCDI. The program is loosely structured to facilitate participation, and is offered Monday through Friday from 8:45 a.m. until 2:15 p.m.

During this quarter, we enrolled an additional 16 program participants. Our total enrollment through the second quarter is 23. There are currently 19 active participants.

MY SISTERS'PLACE

AFSC/NERO'S ADVOCACY CENTER FOR HOMELESS WOMEN

A Quarterly Newsletter by the Women of MSP
edited by Suzanne King

May 1990

62 Berkley Street
Boston, MA 02116
617/542-7176

PROJECT WEAVE

Project WEAVE--Women's Efforts Advance Viable Employment--is an innovative and comprehensive program of job development, training, and placement for homeless and recently homeless women. WEAVE offers individualized career management, a social skills curriculum, experiential learning, and peer counseling. A national model program funded by the U.S. department of labor, it is a collaborative effort of Education Development Center, Inc. (EDC), My Sisters' Place, and the Massachusetts Coalition for the Homeless.

At WEAVE, we will first find out what you want to do, what kind of career you want to have, what kind of life you want to lead. Then we will try to fit a realistic program around you. This can include: training and education, a job search, housing, health care and childcare. Given the current economy, this may not be easy, but the dedicated professionals and counselors at Project WEAVE are eager to try... with your help.

To join this program, you will have to commit 15 hours per week in job search, training, and/or counseling. We will address the kinds of personal skills needed in the job world, and we will aggressively open up job opportunities. You will be enrolled up to three months, until you are paced in a job or another program suited to your particular needs.

The program will be located at My Sisters' Place, 62 Berkeley Street, in the South End. We can help with the costs of transportation and child care.

Schedule

Each participant will spend 15 hours per week for 12 weeks in program activities. Enrollment cycles are as follows:

1. May 15, to August 31, 1990
2. September 1 to November 30, 1990
3. December 1 to February 28, 1991

To find out more, please call **MY SISTERS' PLACE** at 542-7176.

STAFF

Program Coordinators
TERI RUSSO
ANGELA O'CALLAGHAN
Research/Housing:
DEBBIE BRENNAN
Hotel Outreach/Housing.
JOANN BLACKMAN
Support and Research:
JILL DYMOND
Maintenance/Mailroom:
JANICE BROOKS
Shelter Placement:
MARIA MAMMANO

JOIN PROJECT WEAVE

If you are a homeless woman or recently homeless woman and you want to find a job or participate in a program that will lead to a job, we invite you to join us at WEAVE. We can provide that network of support, training, referral and counseling.

Project WEAVE

(Women's Efforts Advance Viable Employment)
Job Training for Homeless Women
Vivian Guilfoy, Katherine Hanson

Funded by the Department of Labor, this innovative project was selected from almost 500 applicants as a demonstration model geared to the specific needs of homeless women in Greater Boston. EDC will work with the Massachusetts Coalition for the Homeless and My Sister's Place, an American Friends Service Committee drop-in housing advocacy center, to develop a comprehensive and customized approach to career development for homeless women. In each of three cycles, approximately 35 women will work with peer counselors, job developers and others to define their own needs, develop a individual plan that integrates individual case management, a social skills curriculum, and experiential learning which, ultimately will lead to appropriate employment in positions that enable them to be economically self-sufficient. The project is unique in that it links with existing programs within education, community organizations, and businesses to place women in appropriate education or training programs, depending on the individual needs and skills of each woman. In addition to the core of services, the project will provide on-going support groups for all women in the program, will link to existing education, social service, health, housing, and job training, and employment sectors, and will develop a evaluation system to both improve the project and inform local and national policy

edc education
development
center, inc.

55 CHAPEL STREET
NEWTON, MASSACHUSETTS 02160
TELEPHONE 617 969-7100
FAX 617 332-6405

APPENDIX 14 - FY90 McKinney Grants

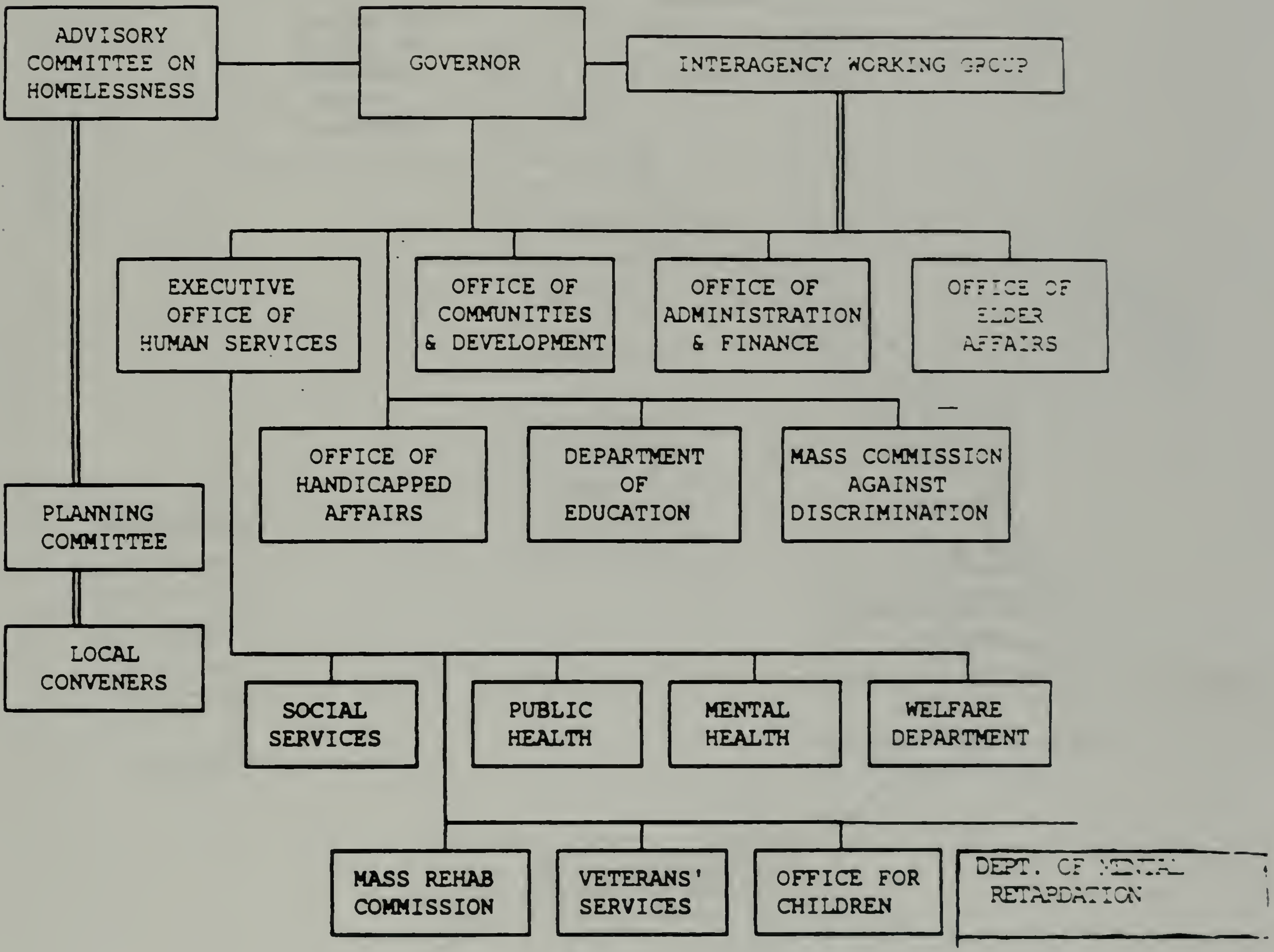
SUMMARY OF McKINNEY FUNDS - FY'90

PROGRAMS	AMOUNT
Emergency Shelter Grants	
Allocation to the state	$ 999,000
Allocation to cities and towns	1,214,000
TOTAL	2,213,000
Transitional Housing Program	$2,410,000
Permanent Housing	$ 000,000
Health Services for the Homeless Grant Awards	$1,470,000
Supplemental Assistance for Facilities to Assist the Homeless	$ 250,000
Emergency Community Services Homeless Block Grant Program	$ 558,548
Educational Programs for Homeless Children	$ 91,123
Adult Literacy	$ 156,607
Mental Health Block Grant	$ 267,944
NIAAA - (DPH) - Stabilization Services for Homeless Substance Abusers	$ 526,218
Veteran Job Training	$ 000,000
Job Training for the Homeless	$1,179,024
TOTAL	$9,122,464

APPENDIX 15 - ORGANIZATIONAL CHART

COMMONWEALTH OF MASSACHUSETTS

HOMELESS POLICY COORDINATING STRUCTURE


ADVISORY COMMITTEE ON HOMELESSNESS
GOVERNOR
INTERAGENCY WORKING GROUP
EXECUTIVE OFFICE OF HUMAN SERVICES
OFFICE OF COMMUNITIES & DEVELOPMENT
OFFICE OF ADMINISTRATION & FINANCE
OFFICE OF ELDER AFFAIRS
OFFICE OF HANDICAPPED AFFAIRS
DEPARTMENT OF EDUCATION
MASS COMMISSION AGAINST DISCRIMINATION
PLANNING COMMITTEE
LOCAL CONVENERS
SOCIAL SERVICES
PUBLIC HEALTH
MENTAL HEALTH
WELFARE DEPARTMENT
MASS REHAB COMMISSION
VETERANS' SERVICES
OFFICE FOR CHILDREN
DEPT. OF MENTAL RETARDATION

[illegible]

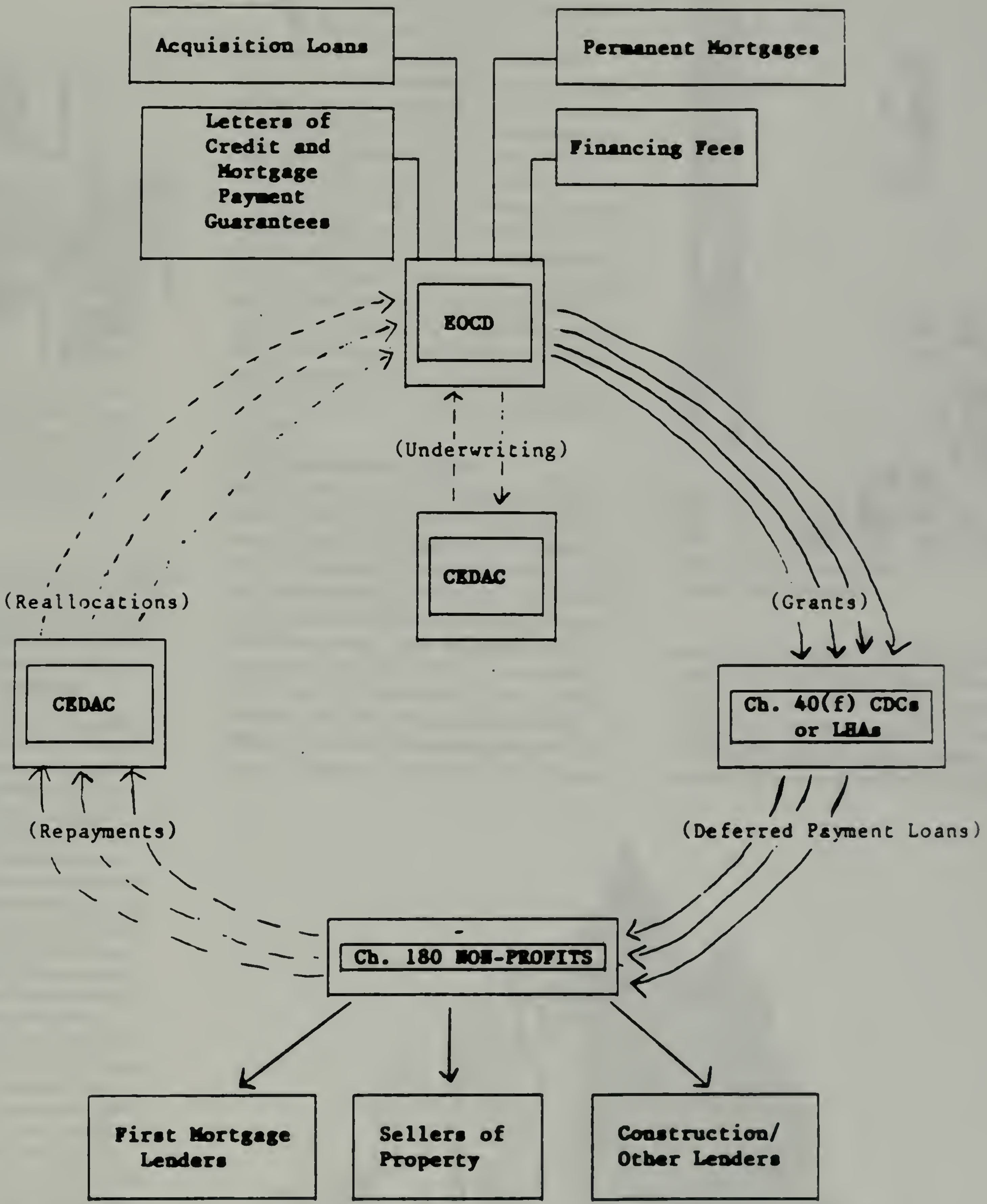
[illegible]

[illegible]

Exhibit A

HOUSING INNOVATIONS FUND

Flow of Funds



APPENDIX 16

EXCERPT FROM INSITES FALL 1989 - SPECIAL ANNUAL REPORT ISSUE

HIF

Flexible New Housing Innovations Fund Fills Gaps in Massachusetts Affordable Housing

Non profit developers have been making history in Massachusetts, creating affordable housing from Pittsfield to Provincetown at a rate matched by no other state in the union. But until recently even the impressive network of programs launched by the Dukakis administration to encourage this kind of development left some projects hard or even impossible to fund.

In late 1987, the state legislature moved to fill the gaps with the new $30 million Housing Innovations Fund, designed to provide flexible loans to nonprofit organizations developing what the legislature defined as "innovative" low-income housing. This category includes single-room occupancy projects, limited-equity co-ops, and special needs and transitional housing.

Long-deferred Repayment

Before creation of the Housing Innovations Fund (HIF), many of these projects were having trouble getting bank loans because financial projections showed that once the building opened, the developer's carrying costs would be too high for the project to sustain. One effective way to bring carrying costs down is to reduce the burden of debt service. The Housing Innovations Fund was designed to do precisely that for a range of projects that would otherwise be impossible to finance, and it accomplishes this by deferring interest and principal repayments until the project can afford to pay them

In fact, as long as projects remain nonprofit affordable housing, developers can accrue interest and retain the principal

Painter puts finishing touches on [illegible] Avenue lodging house

Anne Reitmeyer, Boston Citywide Land Trust executive director, presents CEDAC senior project manager Charleen Regan with a plaque for her assistance in developing the Lower Roxbury Tenants Coop

Early Successes under HIF

Loans under the Housing Innovations Fund operate as only one piece - but often the critical piece - of a complex patchwork of loans and subsidies. For example:

The Lower Roxbury Tenant Coop was formed originally to hammer out protections against a developer who was buying 11 buildings in this area of Boston, but the tenants soon decided they would try to acquire their own buildings and convert them to a limited-equity cooperative. An extraordinary collaboration of advisory and financing sources developed to support the project. The Boston Citywide Land Trust, a nonprofit group, negotiated the purchase. CEDAC gave the tenants' group a site control loan to secure the property and a technical assistance advance to help them package the complicated deal. Abandonment funds from EOCD were among the first committed; the city of Boston allocated some of its scarce 707 rent subsidies, along with Linkage and BUILD funds; and the quasi-public Land Bank made a commitment of permanent financing. But the Housing Innovations Fund money, administered by CEDAC, provided the key missing link; with early assurance of this equity-like capital, the team was able to attract the balance of the acquisition and construction financing from NEWORLD Bank. Rehabilitation of the properties began in April.

One of 11 buildings that comprise the Lower Roxbury Tenant Coop

State Representative Kevin Fitzgerald, an ardent supporter of affordable housing programs, speaks at ceremonies marking the opening of South End lodging house

300 Shawmut Avenue is a handsome 15-unit lodging house in Boston's gentrifying South End. It was developed by the Paul Sullivan Housing Trust, the housing development agency of one of the city's largest shelters for the homeless, the Pine Street Inn. Confronted with the area's steady loss of lodging houses, the Pine Street Inn saw the Housing Innovations Fund as offering a real opportunity to break the cycle of homelessness for some of its clients by developing single-room-occupancy housing. CEDAC helped the Paul Sullivan Housing Trust secure this building, the Trust used HIF money to leverage financing from the Thrift Fund and from equity investors. The city of Boston contributed LEND funds, and the state Department of Public Health allocated 707 rent subsidies to 300 Shawmut Avenue as a "sober house" where recovering alcoholics could live in dignity and independence, with supportive social services. The house began accepting lodgers in March.

West Fenway Apartments Not all HIF projects are renovations. The West Fenway Apartments is a new 55-unit project built on a largely vacant Boston site by the Fenway Community Development Corporation, using HUD 202 loans which support creation of low-income housing. In this case the CDC, known for its skill and innovation, wanted to reach more than the elderly population traditionally served by these federal loans and rent subsidies, and Housing Innovations Fund financing made it possible for them to create 12 family units for handicapped residents, with preference to be given to people with AIDS. In this case, as in almost all others, HIF was one piece of a very complex financing structure that helped get the whole project launched. ■

Living room renovations of historic Boston townhouse that now is home to 15 formerly homeless Pine Street Inn guests

indefinitely. If and when they decide to sell the property at a profit or change the use to market-rate, they must repay the whole loan, with an accompanying balloon of accumulated interest. Thus HIF simultaneously supports the creation of affordable housing and puts pressure on developers to keep projects affordable.

A Missing Link

"The Housing Innovations Fund has put in place a critical new piece of the Massachusetts housing picture," says Amy S. Anthony, Secretary of the Executive Office of Communities and Development. EOCD makes all decisions on loans from the fund; CEDAC handles the underwriting, disbursement, and other aspects of servicing them. The Housing Innovations Fund is filling such clear needs that in CEDAC's fiscal year 1989, HIF committed $11 million for 31 projects, many of them non-traditional ones serving some of the state's neediest people. These will produce 293 single-room-occupancy units, 24 transitional housing units for the homeless, 103 shelter beds, 143 units of special needs housing, and 424 limited-equity cooperative units – almost 1,000 units in all, located in 25 Massachusetts communities. The program has brought social service agencies into the nonprofit housing arena for the first time and has funded complicated projects, many of which would not have been built without this source of extremely flexible financing. ■

EUR

A Drastic Threat to Affordable Housing: CEDAC Helps Forge a Response

[illegible]
[illegible]
[illegible]
[illegible]

Somerville's 500-unit Clarendon Hill Apartments

Clarendon Hill Towers Tenant Association floor representatives Libby Machado (front row left) and Anne Green (front row right) sit among fellow tenants during announcement that association signed an option to purchase the project from the original developer

"Next to food on the table, there is nothing as important as a home," Governor Michael S. Dukakis told tenants, reporters, and local officials gathered last February 2nd at the Clarendon Hill Apartments in Somerville as tenant representatives signed an option to buy the apartment complex. Having once left energy costs, liability insurance, upkeep, and legal matters to the landlord, the tenants – many of them poor and elderly – had lately had to master the fine points of 501(c)(3) bonds, environmental studies, and capital needs assessments in order to preserve their homes. In the process they joined a small Massachusetts vanguard showing the nation how to confront an alarming housing problem that tenants and even housing advocates had almost overlooked.

Time Bomb

In the mid-1960s the federal government launched programs that stimulated developers to build affordable housing. Developers who took advantage of the government's inducements received generous subsidies and tax benefits on 40-year mortgages for their projects; in return they contracted to restrict rents and offer apartments only to low- and moderate-income tenants for the life of the mortgage.

One little point in the arrangements for the HUD-assisted 221(d)(3) and 236 projects looked innocent enough at the time: the government's loan documents for the buildings said that private, for-profit owners could *prepay* their mortgages – and escape the rent and income restrictions – after only 20 years. At the time, no one anticipated that owners would have an incentive to prepay, but the unexpected boom in real-estate values since then has made for a drastic change in these projects' arithmetic. Even most housing specialists were unprepared for the sudden eruption of this problem in the late 1980s – which, as it turns out, threatens 29,000 affordable rental units in Massachusetts alone with escalation to market-rate rents or conversion to condominiums when their landlords' mortgages hit the 20-year mark.

Massachusetts Takes the Lead

Massachusetts, however, has not received news of this danger lying down. Taking the national lead in responding to the crisis over Expiring Use Restrictions, as

they are called. Governor Dukakis and EOCD Secretary Amy Anthony moved to discourage owners from prepaying their mortgages, while the state worked to develop a more lasting answer whereby tenants' organizations or other groups committed to permanent affordability could acquire HUD-assisted EUR housing. Massachusetts is now pioneering this solution with the Clarendon Hill Apartments and two other projects being closely watched by housing specialists nationwide. The state's leadership on this problem, and the Clarendon Hill tenants' efforts to preserve their affordable housing, were the focus of a *New York Times* article in March highlighting EURs as a national problem.

CEDAC has played a key part in helping the state plan a response to Expiring Use Restrictions. As a first step, the staff compiled a computerized database that identifies the Commonwealth's EUR projects and their prepayment dates, along with a range of other information on factors – such as other potential use restrictions or the status of project-based subsidies – that might predispose landlords to prepay their mortgages. The database has been invaluable in alerting public officials, nonprofit developers, and tenant organizations to the problem and in helping target and guide preservation efforts.

Governor Michael S. Dukakis, Communities and Development Secretary Amy Anthony, Somerville Mayor Eugene Brune, and CEDAC's Carl Sussman participate in announcement of proposed state- and city-assisted tenant purchase of Clarendon Hill Apartments

A Risk Worth Taking

At the Clarendon Hill Apartments, a project sponsored by the Community Action Agency of Somerville, and at the Commonwealth and Glenville Apartments in the Brighton section of Boston, which the Allston-Brighton Community Development Corporation is planning to purchase, CEDAC has provided predevelopment loans and intensive staff assistance to help negotiate an option to purchase and to develop a financing package that represents a creative mix of local, state, and federal assistance.

These three projects – which because of their uncertain status and unusually costly negotiation and financial packaging expenses are probably CEDAC's riskiest loans – represent the first efforts in the nation to convey EUR developments to tenant or nonprofit groups within the requirements of the 1987 federal legislation governing prepayment of HUD-assisted mortgages. The sale of all three, even to nonprofit groups, still needs HUD approval and resources, which are far from assured.

Although not returning what the developers consider current market value, the sale would in each case bring them a profit they did not originally expect to see. Yet from the tenants' and the public's perspective, these projects are bargains compared to the cost of developing new properties. If the approach gains HUD approval, the Commonwealth will have a workable solution for many of these endangered projects and again will have taken a national lead in demonstrating how to confront an important housing challenge. ■

APPENDIX 17 - DEMOGRAPHIC CHART

TABLE 1

(AREA POPULATION AND PERCENT IN POVERTY)

AREA	Area Pop 80 Census	# in Poverty 80 Census	% in Poverty 80 Census
Berkshire	145,289	13,076	9
Frank-Hamp	171,505	20,580	12
Holy-Chic	179,852	17,985	10
Sprgfld	198,323	27,765	14
Westfield	104,771	7,333	7
N Central	216,595	17,327	8
Black Vall	136,767	8,206	6
S Central	95,400	8,586	9
Worcester	235,536	25,908	11
Lowell	226,991	18,159	8
Lawrence	146,375	16,101	11
Hav-Newb	114,518	9,161	8
Cape Ann	107,914	7,553	7
Danv-Sal	132,557	7,953	6
Lynn	132,268	13,226	10
E Middle	110,507	4,420	4
Tri-City	148,657	11,892	8
Camb-Somer	172,694	22,450	13
Concord	82,138	2,464	3
Met Bvrbrk	118,684	7,121	6
Mys Vall	175,982	7,039	4
S Norf	169,939	5,098	3
NWWN	149,901	5,996	4
Coastal	155,664	6,226	4
S Middle	158,424	6,336	4
Marl-West	77,405	3,096	4
S Shore	138,821	8,329	6
Attleboro	81,434	4,886	6
Brockton	230,923	18,473	8
Plymouth	123,935	6,196	5
Taunton	104,343	8,347	8
Fall River	147,669	16,243	11
New Bedford	178,161	21,379	12
Cape Cod	161,891	12,951	8
Boston *	705,204	126,295	16
TOTAL	5,737,037	524,156	
AVG	163,915	14,976	

* Includes 6 areas: Bay Cove, Fuller, Ma Mental Harbor, Dor-Matt, Wes-Ros-Park

The Commonwealth of Massachusetts
Executive Office of Human Services
One Ashburton Place, Room 1109
Boston Massachusetts 02108

MICHAEL S DUKAKIS
GOVERNOR
PHILIP W JOHNSTON
SECRETARY

APPENDIX 18

ANNOUNCEMENT: INTERAGENCY COUNCIL ON HOMELESSNESS

THIS IS TO ANNOUNCE THE FORMATION OF THE MASSACHUSETTS INTERAGENCY COUNCIL ON HOMELESSNESS AND HOUSING, ESTABLISHED IN ACCORDANCE WITH TITLE II OF THE STEWART B. McKINNEY HOMELESS ASSISTANCE ACT, SECTION 210.

THE INTERAGENCY COUNCIL SHALL SERVE AS AN ADVISORY COMMITTEE WITH RESPECT TO THE GOVERNOR, THE SECRETARY OF HUMAN SERVICES AND THE MASSACHUSETTS LEGISLATURE.

THE MISSION OF THE COUNCIL WILL BE TO COORDINATE PLANNING AND TO EXTEND PROGRAMS PROVIDING URGENTLY NEEDED ASSISTANCE FOR THE HOMELESS UNDER THE STEWART B. McKINNEY ACT.

THE COMMITTEE WILL BE COMPRISED OF REPRESENTATIVES FROM THE FOLLOWING STATE AGENCIES:

- THE EXECUTIVE OFFICE OF HUMAN SERVICES
- THE EXECUTIVE OFFICE OF COMMUNITIES AND DEVELOPMENT
- THE DEPARTMENTS OF MENTAL HEALTH, PUBLIC WELFARE, VETERAN SERVICES, EDUCATION, PUBLIC HEALTH, AND MENTAL RETARDATION

MEMBERS OF THIS COMMITTEE HAVE BEEN APPOINTED BY THEIR RESPECTIVE SECRETARIES AND COMMISSIONERS. THE CHAIRPERSON IS APPOINTED BY THE SECRETARY OF THE EXECUTIVE OFFICE OF HUMAN SERVICES.

THE CHAIRPERSON AND TASK FORCE SHALL HAVE THE POWER TO APPROVE OR DENY APPLICATIONS AND ALTER AND AMEND COMPREHENSIVE PLANS.

THE CHAIRPERSON AND TASK FORCE WILL ALSO BE RESPONSIBLE FOR WRITING THE ANNUAL COMPREHENSIVE HOMELESS ASSISTANCE PLAN (CHAP), AND THE CHAP PROGRESS REPORT, AND ACT AS A LIAISON WITH ALL STATE AGENCIES AND NON-PROFITS THROUGHOUT THE COMMONWEALTH IN ADVISING THEM OF EXISTING AND UPCOMING McKINNEY PROGRAMS.

THE COMMONWEALTH OF MASSACHUSETTS AND THE INTERAGENCY COUNCIL ON HOMELESSNESS AND HOUSING LOOK FORWARD TO CONTINUE WORKING WITH THE FEDERAL GOVERNMENT IN PROVIDING McKINNEY FUNDING TO CREATE AND EXPAND PROGRAMS AND HOUSING FOR THE HOMELESS.

Michael S. Dukakis
Governor

APPENDIX 18

McKINNEY INTERAGENCY COORDINATING COUNCIL

STATE COORDINATORS:

Irene Lee
Executive Office of Human Services
(617) 727 8036

Ita Mullarkey
Executive Office of Communities and Development
(617) 727 7132

MEMBERSHIP

Gary Phillips, DMH 727 5500	Mental Health Block Grant
Patrick Walsh, DPW 574 0151 Ken Itzkowitz, DPW 574 0151	Emergency Shelter Grant
Joe Vallely, DPH 727 1960	Health and Substance Abuse Treatment
Charles Callahan, OCVS 727 5944	Veterans Job Training
Jason Robart, DMR 727 5608	Homeless Mentally Retarded
Noel Wiggins, EOCD 727 0050	Community Action Agencies
Mary Mates Morrison, EOCD 727 7132	SRO Mod Rehab Authority
Michelle Linnehan, DOE 770 7493	Education of Homeless Children
Sandra Brawders, DOE 770 7399	Adult Literacy Programs
Marie Grigorieff, DET 727 6230	Employment and Training Programs
Robert Yablonskie, HUD	Northeast Regional Coordinator

HOMELESS INTERAGENCY PLANNING COMMITTEES

HOMELESS FAMILIES

Irene Lee, EOHS
727 8036
Ann O'Hara, EOCD
727 7132

Mary Ellen O'Connell, DPW
574 0151

Ann Marie Ray, DSS
569 8310

Karen Ayers, DPH
727 8925

Joe Vallely, DPH
727 1960v

Polly Halfkenny, OFC
727 8900

Camilla Buda, EOCD
727 7132

Michelle Linnehan, DOE
727 7751

Bhavini Joshi, DMH
265 3919

HOMELESS INDIVIDUALS

Irene Lee, EOHS

Ita Mullarkey, EOCD
727 7132

Debra Peck, DPW
574 0340

Charlies Callahan, OCVS
727 5944

Lamott Hyman, DMH
727 7632

Lorraine Barra, Mass Rehab. Commission
727 2184

Joe Vallelly, DPH

Jim Hoover, VA
565 8350
Will Escobar, VA
565 8350
Jason Robard, DMR
727 5608

Ken Itzkowitz, DPW
574 0151

Jean Moultenbrey, EOEA
Homeless Elders
770 7399

APPENDIX 19

FOOD AND NUTRITION GUIDE

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
(Excerpt)

TELEPHONE NUMBERS

Nutrition Programs

Child Care Food Program	(617) 770-7260
Expanded Food and Nutrition Program (EFNEP)	1-800-622-3637
Elderly Lunch Program	(617) 770-7270
Elderly Nutrition Program	1-800-882-2003
Food Stamps	1-800-645-8333
Head Start	(617) 565-1134
School Meal Program	Call school principal/superintendent or (617) 770-7270
Special Milk Program	(617) 770-7260
Special Supplemental Food Program for Women, Infants, and Children (WIC)	1-800-WIC-1007
Summer Food Service for Children	(617) 770-7260
Temporary Emergency Food Assistance Program (TEFAP)	(617) 770-7280

Public Assistance Programs

Aid to Families with Dependent Children (AFDC)	1-800-841-2900
Healthy Start	1-800-531-BABY
Medicaid	1-800-841-2900

The following telephone numbers are included for additional information on food resources, legal rights or general information.

Food Resource Information

Boston Food Bank	(617) 427-5831
Department of Public Health, Office of Nutrition	(617) 727-9283
Massachusetts Nutrition Resource Center	1-800-322-7203
Project Bread Hunger Hotline	(617) 523-7010
Western Massachusetts Food Bank	(413) 586-6067
Worcester Food Bank	(617) 798-0191

Legal Information

Greater Boston Legal Services	(617) 357-5757
Legal Assistance Corporation of Central Massachusetts	1-800-852-2030
Massachusetts Law Reform Institute	(617) 742-9250
Southeastern Massachusetts Legal Services	(617) 586-8393
Western Massachusetts Legal Services	(413) 499-1950

General Information

Citizen Information Service	1-800-392-6090
Fuel Assistance Programs	1-800-632-8175
Higher Education Information Center: Career and Learning Line	1-800-442-1171
Information Center for Individuals with Disabilities	1-800-462-5015
Supplemental Security Income (SSI)	1-800-882-1435
United Way of Massachusetts Bay Information and Referral Service	(617) 482-1454

APPENDIX 20

CHAP CERTIFICATIONS

1. A copy of The CHAP 3 has been provided the ESG formula cities located within the state.

2. Certification that each grantee will administer a policy designed to ensure that its homeless facilities will be free from the illegal use, possession or distribution of drugs or alcohol is implemented through the Department of Public Welfare contract with its providers.

3. Any application for assistance under Title IV will contain or be accompanied by a certification by the Executive Office of Human Services that the activities proposed are consistent with the CHAP.

4. The contact person for the state is included in Appendix 18 which lists the membership of the Interagency Council and the state homeless coordinator.

The Commonwealth of Massachusetts
Executive Office of Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

MICHAEL S. DUKAKIS
GOVERNOR
PHILIP W JOHNSTON
SECRETARY

CERTIFICATION AND ASSURANCE

This is to certify that the Massachusetts Department of Public Welfare and each recipient and project provider operating shelters and related activities funded in whole or in part with McKinney Act funds, to assist the homeless population in this jurisdiction, will administer, in good faith, a policy designed to ensure that the assisted homeless facility is free from the illegal use, possession, or distribution of drugs or alcohol by its beneficiaries.

Robert D. Wakefield, Jr.

Assistant Commissioner
For Housing
Department of Public Welfare

ACME
BOOKBINDING CO., INC.

JAN 28 1992

100 CAMBRIDGE STREET
CHARLESTOWN, MASS